Date Rcvd:	
Ck #:	/ Cash
Receipt #:	
Mail / Pick-up	



ELECTRICAL

Permit # _	
Permit Fee \$	

TOWN OF SEABROOK, NH APPLICATION FOR **ELECTRICAL** PERMIT

Application must be in ink and legible

Project Address:		
Tax Map: Lot: Se	q.:Zoning District:	
Property Owner:	Tele #:	E-mail:
Address:		
Licensed NH Master Electrician:	License #:	(Copy of Photo ID/ License Required)
Address:	Tele #:	E-mail:
DESCRIPTION OF WORK	Commercial Resident	tial
Residential Permit Fee: \$25.00 Plu Commercial Permit Fee: 50.00 Plu	-	, , ,
I hereby certify, under penal- labor and materials is \$	2 0 0	l cost of the above listed work, including all
	ations and that the project will be	ith all Town of Seabrook and State of NH e accessible for any and all inspections
> Signature of Electrician: _		Date:
Approved:		Date:
	Town of Seabrook	

TO SCHEDULE AN INSPECTION CALL (603) 474-3871 (24 HOUR NOTICE PREFERRED)