**TOWN OF MADISON**
**P.O. BOX 248**
**MADISON, NH 03849**

PHONE: 603-367-4332 x309
www.madison-nh.org

FAX: 603-367-4547
code@madison-nh.org

BOB BOYD
CODE ENFORCEMENT OFFICER

# ELECTRICAL PERMIT

## TOWN OF MADISON ELECTRICAL PERMIT #_____

Application Date: _____

FEE: $30.00 (Cash/Check) Made payable to **TOWN OF MADISON**

PROPERTY OWNER_____ PHONE #_____

PROPERTY OWNER'S MAILING ADDRESS_____

INSTALLER_____ PHONE #_____

INSTALLER ADDRESS_____

LOCATION OF JOB_____

**MAP** _____ **LOT** _____

This application is made with full knowledge of the current requirements of the regulation governing such installation, which will be made in compliance therewith, I further agree, upon accepting this permit, not to cover any part of the installation until it is inspected and approved.

INSTALLER SIGNATURE: _____

NH LICENSE #_____EXPIRATION:_____

JOB DESCRIPTION_____

_____

DATE PERMIT ISSUED_____EXPIRES_____

CODE ENFORCEMENT OFFICER SIGNATURE_____

Property Owner/Contractor Initials = _____