

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

CODE ENFORCEMENT OFFICER

Phone: 603-367-4332 x309 Fax: 603-367-4547 Email: [code@madison-nh.org](mailto:code@madison-nh.org) Website: [www.madison-nh.org](http://www.madison-nh.org)

**MECHANICAL PERMIT APPLICATION**

TYPE: ELECTRICAL  PLUMBING  GAS PIPING

Fee: \$30.00 each (cash or check) payable to: TOWN OF MADISON

Date of Application: \_\_\_\_\_

**PROPERTY OWNER** (print): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Location of job: \_\_\_\_\_ Map \_\_\_\_\_ Lot: \_\_\_\_\_

**ELECTRICAL INSTALLER** (print): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

NH License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Job Description & Materials: \_\_\_\_\_

**PLUMBING INSTALLER** (print): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

NH License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Job Description & Materials: \_\_\_\_\_

**GAS PIPING INSTALLER** (print): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

NH License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Job Description & Materials: \_\_\_\_\_

Signatures above indicate agreement that installation will comply with all codes, rules, regulations and requirements governing such installation and that no part of the installation will be covered prior to inspection and approval by the Code Enforcement Officer.