

EFFECTIVE IMMEDIATELY:

Under no circumstances shall any electrician perform their own service disconnects/reconnects as per Liberty Utilities regulations. All service disconnects/reconnects shall obtain a Work Request number and make an appointment by contacting Liberty Utilities at 1-800-375-7413 or email to:
NHElectricSrvReq@libertyutilities.com

If the inspector sees that the seal has been cut at the meter, the inspection will be failed, there will be a \$50.00 reinspection fee, AND Liberty Utilities must be contacted to obtain a Work Request number before the reinspection takes place.

Please contact the Planning Office when the appointment is scheduled. This office will need 48 hours advanced notice. The Electrical Inspector will inspect between 12:00pm – 2:00pm on the scheduled day.

New service inspections shall be emailed to
municipal.inspectors@libertyutilities.com.

**** AS OF AUGUST 12, 2020 ****

Homeowner electrical permits for pools & hot tubs/spas are no longer allowed. Permits will only be issued to licensed NH Master Electricians.

****AS OF MAY 30, 2023****

Homeowner electrical permits for service entrance replacements and/or upgrades, whole house generators, solar photovoltaic systems, duplexes, and accessory dwelling units are no longer allowed. Permits will only be issued to Licensed NH Master Electricians.

**Town of Pelham Building Department
6 Village Green
Pelham, NH 03076
(603) 635-7811**

ELECTRIC PERMIT APPLICATION

For office use only

ML# _____

Permit# _____

Paid _____

CONTRACTORS LICENSE NO. _____ DATE: _____

LOCATION: _____

OWNER: _____

KIND OF BUILDING _____ USED AS _____

TO BE COMPLETED ABOUT _____ ESTIMATED COST \$ _____

NEW – ALTERATION – REPAIR – ADDITION *WORK REQUEST# _____

(Circle One) * (Mandatory for new construction or Disconnect/Reconnects)

ITEM	NUMBER
CEILING OUTLETS	[]
SWITCHES	[]
PLUG RECEPTALS	[]
TOTAL OUTLETS	[]
AIR HEATERS	[]
RANGES	[]
SIGNS	[]
WATER HEATER	[]
LIGHTING CIRC.	[]
OTHER CIRC.	[]
TOTAL CIRCUITS	[]
MOTORS	[]
PANEL SIZE	[]
RANGE COND.	[]
SUB FEEDER SIZE	[]
GENERATOR	STAND-BY
WHOLE HOUSE (Please check one)	

CONTRACTOR'S NAME _____

ADDRESS _____

PHONE NUMBER _____ E-Mail _____

OWNER'S PHONE NUMBER (REQUIRED) _____

**Owner's Phone Number is not required for new construction, or un-occupied dwelling units*

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT ELECTRICAL ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

Signature of Contractor or his/her Authorized Representative Making Application