



Work Information Permit

Electrical # _____ Expiration Date: _____

Plumbing # _____ Expiration Date: _____

Gas# _____ Expiration Date: _____

Company Name: _____

Company Address: _____

Phone Number: _____ Email: _____

Property Owner Name: _____

Job Location _____

Type of Work being Performed:

New Service: _____

Renovation: _____

Elec Service Change Only: _____

Signature: _____

FOR TOWN USE ONLY

Date: _____

Fee Paid: _____

Cash/Check # _____

Tax Map and Lot# _____

Building Permit #: _____

Code Enforcement Officer
Center Harbor New Hampshire
(603) 455-6823
code@centerharbornh.gov

***Reinspection charge of \$75.00 paid in advance before inspection (if work is not complete)**

Work Information Permit Version_05012024