



TOWN OF BELMONT

BUILDING DEPARTMENT

BUILDING OFFICIAL

Electrical Permit Application

Date _____
 Unit Owner _____
 Map/Lot No. _____
 Location of Work _____
 Permit No. _____
 Type of Building SFR. Multi-Unit MFG. Mod. Com. _____
 Used As _____
 Estimated Completion Date _____
 Estimated Cost _____
 Type of Work New - Alteration - Repair - Addition - Service upgrade

Item Number

| | |
|-------------------------|--|
| Service Upgrade | |
| Existing Service Amps | |
| New Service Amps | |
| Over head Service | |
| Buried Service | |
| Panel Change Out - Amps | |
| Sub-panel - Amps | |
| Ceiling Outlets | |
| Switches | |
| Wall Receptacles | |
| Floor Receptacles | |
| Exterior Receptacles | |
| | |
| Signs | |
| Meter Set | |
| | |
| Other | |
| | |
| | |
| | |
| | |
| | |

Contractor Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone # _____
 Contractor License No. _____

Contact Building Inspector to schedule an Inspection. 267-8300 Ext.11

Applicant certifies that all information given is correct and that all pertinent Electrical codes, standards and practices will be complied with in performing the work which this permit is issued.

Printed Name & Signature of Property Owner

Printed Name & Signature of Contractor or his/her Authorized Representative making Application

Signature of Permit Clerk

Permit Fee Due \$25.00

AFTER THE FACT PERMIT FEES ARE DOUBLED

OFFICE USE ONLY

Received By: _____ (Circle One) In System Yes No
 Amount: _____
 Date: _____
 Payment method: Check No. _____ Cash _____ Other _____