



TOWN OF BELMONT

BUILDING DEPARTMENT

BUILDING OFFICIAL

Electrical Permit Application

Unit Owner _____ Date _____
 Location of Work _____ Map/Lot No. _____
 Type of Building: SFR. Multi-Unit MFG. Mod. Com. Permit No. _____
 Estimated Completion Date _____ Used As _____
 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.111

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 for 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 _____