



Town of Belmont
 Building Department
 Building Official

Electrical Permit Application

Owner/Tenant:	Date:	
Street/Work Address:	Map/Lot#	
Owner Phone:	Permit #	
Owner E-mail:	Eversource Work Request # (if applicable):	
Building Type: SFR - Multi Unit - MFG - Mod - Comm.	Estimated Cost:	Estimated Completion Date:
Work Type: 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	
Electric Water Heater	
Range/Stove	
Dishwasher	

Contractor Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone # _____
 Contractor License # _____
 Email Address: _____

Contact Building Inspector to schedule REQUIRED Inspection at 603-267-8300 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 or their Authorized Representative

 Printed Name & Signature of Contractor or their Authorized Representative

 Signature of Building Official

Permit Fee Due \$50.00 *AFTER THE FACT PERMIT FEES ARE DOUBLED*

NH Eversource Electric Service Support Center 1-800-362-7764 M-F 7:00am - 4:30pm

Office Use Only:	(Circle One) License # in System Yes No
Received By:	
Amount:	
Date:	Payment Method: Check # _____ Cash _____ Other _____