



TOWN OF BELMONT

BUILDING DEPARTMENT

BUILDING OFFICIAL

Generator Permit Application

Owner/Tenant:	Date:
Street/Work Address:	Map/Lot #:
Owner Phone:	Permit #:
Owner E-mail :	Generator Size:
Building Type: SFR - Multi Unit - MFG - Mod - Comm	Estimated Cost:
Work Type: New - Alteration - Repair	Estimated Completion Date:

Electrician Name _____	Mechanical Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone # _____	Phone # _____
Contractor License # _____	Contractor License # _____
Email Address _____	Email Address _____

Contact Building Inspector to schedule REQUIRED Inspection at 267-8300 x 111

Applicant certifies that all information given is correct and that all pertinent building, mechanical and 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	Permit Fee Due \$50.00 *AFTER THE FACT PERMIT FEES ARE DOUBLED*
_____ Printed Name & Signature of Contractor or their Authorized Representative	
_____ Signature of Building Official	

OFFICE USE ONLY:	(Circle One) License # In System	Yes	No
Received By:			
Amount:			
Date:	Payment Method: Check # _____	Cash _____	Other _____