



# TOWN OF BELMONT

## BUILDING DEPARTMENT

BUILDING OFFICIAL

### Electrical Permit Application

Owner/Tenant:	Date:	
Street/Work Address:	Map/Lot #:	
Mailing Address:	Permit #:	
City, State, Zip:	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 an Inspection at 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 -4:30 pm

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