



TOWN OF BELMONT

BUILDING DEPARTMENT

BUILDING OFFICIAL

Generator Permit Application

| | |
|--|----------------------------|
| Owner/Tenant: | Date: |
| Street/Work Address: | Map/Lot #: |
| Mailing Address: | Permit #: |
| City, State, Zip: | 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 an Inspection at 267-8300 Ext. 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 _____ |