



# TOWN OF BELMONT

## BUILDING DEPARTMENT

BUILDING OFFICIAL

### Electrical Permit Application

Unit Owner \_\_\_\_\_

Location of Work \_\_\_\_\_

Type of Building: SFR. Multi-Unit MFG. Mod. Com.

Estimated Completion Date \_\_\_\_\_

Type of Work: New - Alteration - Repair - Addition - Service upgrade

Date \_\_\_\_\_

Map/Lot No. \_\_\_\_\_

Permit No. \_\_\_\_\_

Used As \_\_\_\_\_

Estimated Cost \_\_\_\_\_

**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 **\$50.00**

**\*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 \_\_\_\_\_