



TOWN OF BELMONT

BUILDING DEPARTMENT

BUILDING OFFICIAL

Generator Permit Application

Date _____

Unit Owner _____

Map/Lot No. _____

Location of Work _____

Permit No. _____

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

Used As _____

Estimated Completion Date _____

Estimated Cost _____

Type of Work New - Alteration - Repair

Generator Size _____

Contractor Name _____

Electrician Name _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone # _____

Phone # _____

Contractor License No. _____

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 Building, Mechanical and Electrical codes, standards and practices will be complied with in performing the work 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 Building Inspector

Permit Fee Due **\$25.00**

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 _____