

TOWN OF BENNINGTON
BUILDING/CODE ENFORCEMENT

PERMIT # _____ TOTAL FEE _____

7 SCHOOL STREET #101
BENNINGTON, NEW HAMPSHIRE 03442
TELEPHONE (603) 588-2189 EMAIL johnkendall@gmail.com FAX (603) 588-8005

Electrical Permit Application

Date: _____

Name of Owner(s): _____

Mailing Address: _____

Telephone No: _____ Cell/Alt. No: _____

Property Location/Address: _____ Tax Map/Lot: _____

Name of Contractor: _____

Address: _____

Contractor's License No: _____

Telephone No: _____ Cell/Alt. No: _____

Describe work to be performed

Is this permit in conjunction with a building permit? Yes No

Purpose of Building: _____

Utility Authorization No: _____

Existing Service _____ Amps _____ Volts Overhead Undgrd No. of Meters _____

New Service _____ Amps _____ Volts Overhead Undgrd No. of Meters _____

Contractor's Signature: _____

Date: _____

Building/Code Official: _____

Approval Date: _____

Comments: _____
