**PERMIT** #

TOTAL FEE

## TOWN OF BENNINGTON BUILDING/CODE ENFORCEMENT

 7 SCHOOL STREET #101

 BENNINGTON, NEW HAMPSHIRE 03442

 TELEPHONE (603) 588-2189
 EMAIL johnkendallgc@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:
Desc	ribe work to be performed
	•
Is this permit in conjunction with a building perm	it? $\Box$ Yes $\Box$ No
Purpose of Building:	
Utility Authorization No:	
Existing ServiceAmps	
New ServiceAmps	
Contractor's Signature:	Date:
Building/Code Official:	Approval Date:
Comments:	