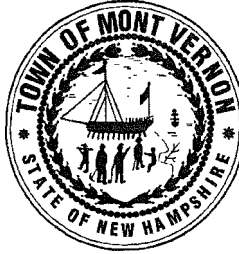


**TOWN OF MONT VERNON**  
**Office of the Building Inspector**  
**P. O. Box 444**  
**Mont Vernon, NH 03057**



PERMIT # \_\_\_\_\_

DATE: \_\_\_\_\_

Ray Bent, Building Inspector

Phone (603)400-3248 Fax: (603)673-5995 email: [buildinginspector@montvernonnh.us](mailto:buildinginspector@montvernonnh.us)

## ELECTRICAL PERMIT / APPLICATION

MAP / LOT #: \_\_\_\_\_

PHYSICAL LOCATION: \_\_\_\_\_

PROPERTY USE: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial (Specify use) \_\_\_\_\_

OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

COST: \$ \_\_\_\_\_ PAID BY: Cash / Check #: \_\_\_\_\_ DATE: \_\_\_\_\_

ISSUED BY: \_\_\_\_\_

### CONTRACTOR INFORMATION

ELECTRICIAN	_____	LICENSE #:	_____	EXP:	_____
COMPANY:	_____	PHONE #:	_____		
ADDRESS:	_____	FAX #:	_____		
	_____	EMAIL:	_____		
	_____				
Signature:	_____				

\* Current copy of your Electrician's License must be attached to this form.

### JOB INFORMATION


\_\_\_\_\_  
APPROVAL DATE:

\_\_\_\_\_  
INSPECTORS SIGNATURE