

PLEASE NOTE THAT THIS APPLCATION HAS 2 PAGES
IN ORDER TO BE A COMPLETE APPLICATION
BOTH PAGES MUST BE COMPLETED AND SUBMITTED IN PERSON.
THESE APPLICATIONS ARE NO LONGER ACCEPTED VIA E-MAIL.

TOWN OF GREENWICH
APPLICATION for GENERATOR PERMIT

Office Use Only
Reviewed by _____

Work Address _____ Building Permit No. _____

Owners Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Contractor[Permit Holder] _____ CT Lic. No. _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

IF Authorized Agent signing for Licensed Holder [Print Name] _____

Must attach Required letter of authorization per Public Act 91-85 attached with application

IF THIS APPLICATION IS NOT FILED UNDER A BUILDING PERMIT

Owner Authorization [owner must sign here] _____

OWNER FILING AS PERMIT HOLDER AND AUTHORIZING A CONTRACTOR TO DO THE WORK

Owner Authorization [owner must sign here] _____

Contractor Performing the work _____ **CT Lic. No.** _____

Residential [1& 2 Family] Commercial [Incl. Over 2 Family]

Electrical Code Applied NEC IRC

Description of Work: _____

Following to be completed by Permit Holder

Devices to be Installed

Switches _____

Outlets _____

Light Fixtures _____

Total _____

Electrcial Service Information

Eversource CRS # _____ Service Existing New

Service Size Existing _____ New _____

If new and over 400 amps submit load breakdown from CT registered PE

No. of Meters on Property Existing _____ New _____ Total _____

Location of Meters Main Bldg Accessory Bldg

Remote Location [Attach Site Plan]

Equipment in Remote Locations A/C Unit Generator Utility Cabinet Pool Equipment

Cost Req'd **ONLY** if application is not filed under bldg permit If amendment to issued permit

Cost of Work _____ Permit Fee _____ Amend Cost _____ Amend Fee _____

Receipt. # _____

Receipt. # _____

The undersigned applicant in accordance with the CSBC hereby applies for an electrical permit as listed above and agrees to conform to the CSBC and to promptly give notice to the Division of Building Inspection when the work is ready and accessible for all required inspections.

Permit Holder Signature[Req'd] _____ **Date** _____

GENERATOR INFORMATION

Address _____

Owner _____

Residential Commercial

Generator manufacturer _____ Generator size _____ KW

Type of transfer switch Automatic Manual [check one]

Fuel type Natural Gas Propane Diesel Other _____

Cooling System Air cooled Liquid cooled [check one]

LOAD BREAKDOWN

Kitchen Appliances

Watts

Refrigerator	_____
Freezer	_____
Dish Washer	_____
Garbage Disposal	_____
Range	_____
Microwave	_____

MISC. LOADS

General Lighting	_____
Kitchen Receptacles	_____
Smoke/CO/Fire Alarm [required]	_____
Well Pump	_____
Sewer Ejector Pump	_____
Sump Pump	_____
Washer	_____
Dryer	_____
Other Loads	_____

HEATING / COOLING

Central Air Conditioning	_____
Room A/C Units	_____
Furnace / Boiler	_____
Water Heater	_____
Electric Heat	_____

Total Watts	_____	Total Generator Watts	_____
Total Amps	_____	Total Generator Amps	_____

Prepared by _____ Date _____

Signature _____ CT E-1 License No. _____