Application for Generator Permit

Complete the attached application forms and email to:

bldginsp@greenwichctct.org

Include a survey of the property which indicates the proposed location of the generator with your email.
APPLICATION FOR ELECTRICAL WORK

DIVISION OF BUILDINGS, D.P.W.
TOWN HALL
GREENWICH, CONN. 06830
PHONE: 622-7754

The undersigned in accordance with the Building Code of the State of Connecticut hereby applies for a permit to perform electrical work as listed herein and agrees to conform strictly to the State Building Code and to promptly give notice to this office when work is ready and accessible and available for roughing and final inspections.

Name of Building Owner .......................................................... Mailing Address ..........................................................

Building Location .................................................................. Street ........................................................................

.......................................................... (N. S. E. W.) Side of nearest cross street.

If work is for lessee – give name ................................................. Address ..........................................................

Building now occupied as (unless new) ........................................ Number of family units now ................................

Building to be occupied as ........................................................ Number of family units to be ................................

Value of the Work $......... Permit Fee $......

Amend No. ............ Amend Fee $......

Zoning Approved By ..............................................................

Application Approved By ......................................................

CONTRACTOR INFORMATION

PERMITTEE (print) ................................................................. (Signature) .................................................................

Address ..........................................................

City .......................................................... Zip ................. Phone No. ..........................................................

(include Area Code)

CONTRACTOR INFORMATION

CT Lic. No. ............ Cont's Authorized Agent ..........................................................

ATTACH LETTER PER P.A. 91-95
FOLLOWING TO BE COMPLETED BY PERMITTEE
NEW TO BE WIRED

Total number of devices installed
(includes switches, outlets, light fixtures, etc.)

<table>
<thead>
<tr>
<th>List Proposed</th>
<th>New Appliances and Loads</th>
</tr>
</thead>
<tbody>
<tr>
<td>Load</td>
<td>No</td>
</tr>
<tr>
<td>Range</td>
<td>Range Top</td>
</tr>
<tr>
<td>Oven</td>
<td>Dish Washer</td>
</tr>
<tr>
<td>Clothes Dryer</td>
<td>Water Heater</td>
</tr>
<tr>
<td>Air Conditioner</td>
<td>Attic/Large Fan</td>
</tr>
<tr>
<td>Oil Burner</td>
<td>Gas Burner</td>
</tr>
<tr>
<td>Circulator Motor</td>
<td>Well Pump</td>
</tr>
<tr>
<td>Electric Heat</td>
<td>Pool Equipment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Existing Appliance Loads</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooking</td>
</tr>
<tr>
<td>Water Heater</td>
</tr>
<tr>
<td>Dryer</td>
</tr>
<tr>
<td>Air Conditioner</td>
</tr>
</tbody>
</table>

ELECTRICAL SERVICE INFORMATION

CL&P CRS #

Size of Electrical Service
(If over 400 amps attach load breakdown from CT registered PE)

No. of Elect. Meters on Property

Location of Meter(s):
1. Main Building [Dwelling]
2. Accessory Structure
3. Remote Location [Attach plot plan]

(Note: If additional meter is proposed Zoning Approval is required)

LOCATION AND DESCRIPTION OF WORK

Required to be filled out by the permittee as listed on the front of this application.
Incomplete forms will not be accepted. (Please Print)

OWNERS AUTHORIZATION

(Only required if not filed under a Bldg. Permit (SEC 29-263 CGS))

I hereby state that I am the owner of the property listed on the front of this application and hereby authorize the agent listed below to act on my behalf to complete and file this application for the work listed herein.

OWNER: ......................................................... (print)

OWNER: ......................................................... (signature)

AGENT (contractor): ........................................ (print)

AGENT (contractor): ........................................ (signature)

PERSONS PERFORMING THE WORK

Project Supervisor/Foreman: ................................. License Type: ........................................

CT License #: ........................................ License Type: ........................................

List other employees on job with license information
1. .......................................................... License Type: ........................................

CT License #: ........................................ License Type: ........................................

CT License #: ........................................ License Type: ........................................
GENERATOR PERMIT

Address: ________________________________
Residential___ Commercial___ (check one)
Property owner: _______________________
Generator Manufacturer: ______________ Generator Size: _________ kw
Type of Transfer Switch: Automatic___ Manual___ (check one)
(If automatic transfer switch, load breakdown required)
Fuel Type: Natural Gas___ Propane___ Diesel___ Other___ (check one)
Cooling System: Air Cooled____ Liquid Cooled___ (check one)

LOAD BREAKDOWN FOR RESIDENTIAL GENERATOR
Watts

Kitchen Appliances
Refrigerator......................................
Freezer...........................................
Dish washer.....................................
Garbage disposal............................
Range...........................................
Microwave.....................................

Misc Loads
General Lighting..............................
Kitchen Receptacles........................
Smoke/Carbon Monoxide/Fire alarm (required)................................
Well pump....................................
Sewer Ejector pump..........................
Sump pump....................................
Washer.........................................
Dryer...........................................
Other loads...................................

Heating/Cooling
Central A/C....................................
Room A/C......................................
Furnace/Boiler...............................
Water Heater................................
Elec. Heat....................................

Total Watts_______ Total Generator Watts_______
Total Amps_______ Total Generator Amps_______

Prepared by_________________________ Date__________
Signature____________________________
Company Name________________________
CT E1 License No.______________________