



NOTE: PLEASE BE SURE THAT ALL NEW/EXISTING WORK & PANEL IS PROPERLY GROUNDED & UP TO LOCAL CODES OR JOB WILL NOT BE APPROVED

GENERATOR PERMIT (ELECTRICAL) BUILDING DEPARTMENT – CITY OF SHELTON, CT

Address of Property: _____ Residential Commercial (Check One)

Property Owner: _____ Property Owner Phone #: _____

Owner Address: _____ Generator Manufacturer: _____ Generator Size: _____ kw

Generator Model #: _____ 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

<u>WATTS</u>	<u>WATTS</u>
Kitchen Appliances	Heating & Cooling
Refrigerator..... _____	Central A/C..... _____
Freezer..... _____	Room A/C..... _____
Dishwasher..... _____	Furnace/Boiler..... _____
Garbage Disposal..... _____	Water Heater..... _____
Range..... _____	Electric Heat..... _____
Microwave..... _____	
Misc Loads	
General Lighting..... _____	
Kitchen Receptables..... _____	
Smoke/Carbon Monoxide/Fire Alarm... _____	
Well Pump..... _____	
Sewer Ejector Pump..... _____	
Sump Pump..... _____	
Washer..... _____	
Dryer..... _____	
Other Loads..... _____	

TOTAL WATTS _____

TOTAL AMPS _____

Prepared By: _____

Signature: _____

Date: _____

Company Name: _____ Company Address: _____
CT E1 License #: _____ Phone #: _____

STATEMENT OF COMPLIANCE FOR GENERATORS

As the contractor of record for the installation of a generator located at _____, I hereby acknowledge the following:

- _____ I have read and understand the manufacturer's installation instructions for the generator I have installed.
- _____ I have wired this generator in strict compliance with the manufacturer's installation instructions.
- _____ I have wired this generator in strict compliance with the Connecticut State Building Code.

COMMENTS:

Printed Name of Electrician: _____ Signature of Electrician: _____

State of CT Electrician License Type & Number: _____ Value of Work: \$ _____

Permit # _____ Permit Date _____ Cost of Permit \$ _____ Education Fee \$ _____

Method of Payment: _____ Cash _____ Check _____ Receipt # _____