GENERATOR PERMIT (ELECTRICAL)
BUILDING DEPARTMENT – TOWN OF EASTON

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

	WATTS
Kitchen Appliances	
Refrigerator	_____
Freezer	_____
Dishwasher	_____
Garbage Disposal	_____
Range	_____
Microwave	_____
Misc Loads	
General Lighting	_____
Kitchen Receptables	_____
Smoke/Carbon Monoxide/Fire Alarm	_____
Well Pump	_____
Sewer Ejector Pump	_____
Sump Pump	_____
Washer	_____
Dryer	_____
Other Loads	_____

	WATTS
Heating & Cooling	
Central A/C	_____
Room A/C	_____
Furnace/Boiler	_____
Water Heater	_____
Electric Heat	_____

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 $**_____ **Admin Fee $**_____

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

BUILDING OFFICIAL SIGNATURE: _____