

GENERATOR PERMIT APPLICATION

OFFICE USE ONLY
PERMIT#: _____
ENTRY DATE: _____

CITY OF MERIDEN
 BUILDING DEPARTMENT
 142 EAST MAIN STREET
 MERIDEN, CT 06450

PHONE: (203) 630-4091
 FAX: (203) 630-4093

ADDRESS OF PROJECT: Lot# _____ St# _____ Street: _____

OWNER OF PROPERTY: _____ PHONE: _____

OWNERS ADDRESS: _____

CONTRACTORS NAME: _____ PHONE: _____

CONTRACTORS ADDRESS: _____

CONTRACTORS LICENSE NUMBER: _____ COMMERCIAL: _____ RESIDENTIAL: _____

GENERATOR MANUFACTURER: _____

APPLICANTS EMAIL: _____

<p>TRANSFER SWITCH: ___ AUTOMATIC** ___ MANUAL ** provide electric loads for automatic switch installation**</p> <p>FUEL TYPE: ___ PROPANE ___ DIESEL ___ NATURAL GAS ___ GASOLINE ___ OTHER _____ SPECIFY?</p>	<p>COOLING SYSTEM: ___ AIR COOLED ___ LIQUID</p> <p>GENERATOR SIZE & LOCATION: _____ KW ___ MOBILE ___ FIXED? **zoning approval required for all fixed installations**</p>
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LOAD BREAKDOWN FOR RESIDENTIAL GENERATORS...

KITCHEN APPLIANCES	WATTAGE	MISC LOADS	WATTAGE
REFRIGERATOR		GENERAL LIGHTING	
FREEZER		KITCHEN RECEPTACLES	
DISH WASHER		SMOKE/CO/FIRE ALARM	
GARBAGE DISPOSAL		WELL PUMP	
OVEN		SUMP PUMP	
MICROWAVE		WASHER/DRYER	
COOK TOP			

****CONTINUED ON NEXT PAGE****

Department Signoff:
Tax Collector: _____
Date: _____

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HEATING/COOLING	WATTAGE	TOTAL WATTS	GENERATOR WATTS	GENERATOR AMPS
CENTRAL AIR				
ELECTRIC HEAT				
FURNACE/BOILER				
WATER HEATER				

Check occupancy that best applies: ___ 1 family home, ___ 2 family home, ___ 3 family home or more, ___ Industrial, ___ Commercial Use (*please indicate*) _____

THREE FAMILY AND GREATER NEEDS FIRE MARSHAL APPROVAL PRIOR TO A PERMIT BEING ISSUED.

A COPY OF WORKMANS COMPENSATION INSURANCE POLICY INCLUDED: YES ___ NO ___
IF "NO" PLEASE SUPPLY STATE ALTERNATIVE WORKERS COMPENSATION FORM 7A or 7B.

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner of record to make this application as an authorized agent and we agree to conform to all the requirements of the laws and codes of the State of Connecticut.

Applicant name: _____ **Sign:** _____ **Date:** _____

Estimated Cost: _____
(Generator and Labor)

Set Permit Fee: _____

State Education Fee: \$ _____

Total Fee: \$ _____

**** NO REFUNDS ON PERMIT FEES****