

TOWN OF WESTON

BUILDING DEPARTMENT

(203)-222-2658

GENERATOR PERMIT

Address: _____

Residential Commercial (check one)

Property owner: _____ E-mail _____

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 _____ CT E1 License No. _____

Building inspector _____ Date _____