

CITY OF DERBY

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._____