



# CITY OF ABBEVILLE GENERATOR PERMIT APPLICATION

**A SEPARATE ELECTRICAL PERMIT IS REQUIRED FOR ALL GENERATOR INSTALLATIONS.**

Application is hereby made for a Generator Permit in accordance with the description and for the purpose hereinafter set forth. This application is made subject to all City and State Laws and Ordinances.

## PROPERTY OWNER: (as shown on deed)

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Address of Generator Installation: \_\_\_\_\_  
\_\_\_\_\_

Existing Electrical Service (Amps): \_\_\_\_\_

Utility Provider: \_\_\_\_\_

## REQUIRED DOCUMENTS CHECKLIST

Manufacturer Specifications

Electrical Permit

## APPLICANT: (if not property owner)

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

## SCOPE OF WORK

Describe the proposed generator installation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CONTRACTOR INFORMATION (Electrical Contractor)

Company Name: \_\_\_\_\_

Louisiana State Contractor's License #: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## INSPECTIONS REQUIRED

Final Electrical Inspection

Final Generator Inspection

## PERMANENT GENERATOR INFORMATION

Generator Manufacturer: \_\_\_\_\_

Model Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Generator Size (kW): \_\_\_\_\_

Voltage: \_\_\_\_\_

Automatic Transfer Switch:  Yes  No

Transfer Switch Rating (Amps): \_\_\_\_\_

Estimated Cost of Installation: \$ \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_

## SIGNATURE

Signature (Type Full Name): \_\_\_\_\_

Date: \_\_\_\_\_