

# GENERATOR PERMIT APPLICATION

Permit # \_\_\_\_\_

Washington County Building &amp; Development Services

1 Government Center Place, Suite A  
Abingdon, VA 24210Phone: 276-525-1340 Fax: 276-525-1309  
www.washcova.com

## CATEGORY OF CONSTRUCTION

 Residential  Commercial

## WORK DESCRIPTION

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

## JOB SITE INFORMATION

Job Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Tax Map/Parcel # \_\_\_\_\_  
General Contractor: \_\_\_\_\_  
Project Name: \_\_\_\_\_

## PROPERTY OWNER

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Phone #: (\_\_\_\_\_) \_\_\_\_\_

APPLICANT (Check if) Owner  Contractor  Renter 

Applicant Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

## MECHANICS LEIN AGENT

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_

I hereby certify that I am the owner of the record herein described property, or that the proposed work has been authorized by the owner of record and that I have been authorized to make this application as a designated agent. I agree to conform to all applicable state and local regulations, rules, and policies and such shall be deemed a condition entering into the exercise of the permit. In addition, if a permit is issued, I certify that the code official or his authorized representative shall have the authority to enter the area(s) described herein at any reasonable hour for the purpose of enforcing the provisions of the applicable code(s).

Applicant: \_\_\_\_\_  
Signature

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

## GENERATOR INFORMATION

Generator Type \_\_\_\_\_  
Amps: \_\_\_\_\_ Kilowatts: \_\_\_\_\_  
Load Shed Amount: \_\_\_\_\_  
Fuel Type: \_\_\_\_\_  
Square Footage of Structure \_\_\_\_\_  
Power Company: \_\_\_\_\_  
Work Order #: \_\_\_\_\_  
Estimated Cost of Construction \$ \_\_\_\_\_

## ELECTRICAL CONTRACTOR

Contractor Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
State License #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

## FUEL GAS CONTRACTOR

Contractor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
State License #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

## ITEMS REQUIRED PRIOR TO PERMIT ISSUANCE

- Two (2) copies of generator spec sheets
- Two (2) copies of ATS spec sheets
- Two (2) copies of one-line electrical drawings and details
- Two (2) copies of electrical load calculations
- Decommissioning Plans (Zoning Requirement)
- Location of fuel tank (site plan)

## FOR COUNTY USE ONLY

DATE APPLICATION RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_  
BUILDING PERMIT FEE \$ \_\_\_\_\_ ZONING COMPLIANCE FEE \$ \_\_\_\_\_ TOTAL FEE AMOUNT \$ \_\_\_\_\_  
PARCEL ZONING: \_\_\_\_\_ FH DISTRICT: YES-  NO-  AIR SAFETY DISTRICT: YES-  NO-  MAG. DISTRICT: \_\_\_\_\_