

GENERATOR PERMIT APPLICATION

Permit # _____

Washington County Building & Development Services

1 Government Center Place, Suite A
Abingdon, VA 24210Phone: 276-525-1340 Fax: 276-525-1309
buildhelp@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: _____