Town of Groton
Generator Permit Application

Return to:
Inspection Services
134 Groton Long Point Road
Groton, CT 06340-4873
Phone: (860) 446-5982
Fax: (860) 448-4094

(For Office Use Only)

Permit No._____

Fees: Electrical: _____ State: _____ Total: _____

☐ Residential ☐ Commercial ☐ New Building ☐ Existing Building

Value of Project (Cost of Materials and Labor): _____

Property Location (Street Address):_____

Owner(s) Name (as it appears in Land Records) _____

Mailing Address:_____ Telephone:_____

Town:_____ State_____ Zip_____ E-mail:_____

Contractor: _____ Company Name: _____

Mailing Address:_____ Telephone:_____

Town:_____ State_____ Zip_____ 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		Watts
Kitchen Appliances		*Misc Loads*	
Refrigerator	_____	General Lighting	_____
Freezer	_____	Kitchen Receptacles	_____
Dish washer	_____	Smoke/Carbon Monoxide/Fire alarm (required)	_____
Garbage disposal	_____	Well pump	_____
Range	_____	Sewer Ejector pump	_____
Microwave	_____	Sump pump	_____
Heating/Cooling		Washer	_____
Central A/C	_____	Dryer	_____
Room A/C	_____	Other loads	_____
Furnace/Boiler	_____		
Water Heater	_____	Total Watts_____	Total Generator Watts_____
Elec. Heat	_____	Total Amps_____	Total Generator Amps_____

CERTIFICATION: I hereby certify that: ☐I am the owner of record of the named property, or ☐that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent, and we agree to conform to all applicable laws, codes, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

_____ PRINT NAME

_____ Telephone

_____ Contractor's License #

_____ SIGNATURE in Ink of Owner or Authorized Agent

_____ Application Date

_____ Building Official

_____ Completed Application Date

This permit shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance. Refunds will be subject to the refund policy.

****ELECTRICIAN SHALL SCHEDULE FINAL INSPECTION & MEET BUILDING OFFICIAL ON SITE.**