



City of Stamford
Building Inspections Department
888 Washington Boulevard, 7th Floor, Stamford, CT 06901



Generator Permit

Address: _____ Permit No: _____
Residential ☐ Commercial ☐ (Check One)

Property Owner: _____

Generator Manufacturer: _____ Generator Size: _____

Type of Transfer Switch: Automatic ☐ Manual ☐ (Check One)

(If Automatic Transfer Switch - Load Breakdown Required)

Fuel Type: Natural Gas ☐ Propane ☐ Diesel ☐ Other: _____ (Check One)

Coolong 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	_____
Electrical Heater	_____

Total Watts: _____ Total Generator Watts: _____
Total Amps: _____ Total Generator Amps: _____

Prepared By: _____ Date: _____

Signature: _____

Company Name: _____

CT E1 License No.: _____