

PARISH OF ASCENSION

BUILDING DEPARTMENT



Generator Application

Please provide **ALL** the following information for review.

Date: _____ Time: _____ Applicant's Name: _____

Owners Name: _____ E-Mail: _____

Municipal Address: _____ Telephone Number: _____

Electric Provider: _____ Gas Provider: _____

Notice: Any information written on this application becomes public record.

Generator information

Residential _____ Commercial _____

Electrical:

Size of Electrical Service: _____ amps Size of Transfer Switch: _____ amps

Transfer Switch: Manual _____ Automatic _____

Load Shed Management System: Y N ****If "No", a Load Data sheet is required****

Generator Size: _____ KW Generator Manufacture: _____

Gas:

Fuel Type:

Natural Gas _____ Propane _____ Diesel _____ Gasoline _____

Piping Material:

615 E Worthey Street

Gonzales, Louisiana 70737

Phone: (225) 450-1002 / Fax: CPU (225) 450-1352 / Web: www.ascensionparish.net

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Black Iron _____ Corrugated Stainless Steel _____ Poly _____ Other _____

Contractors Performing Utility Work

Electric: _____ Gas: _____

To be filled out by Parish Employee

Required Documents for Plan Submittal

Flood Zone Approval _____ Site Plan _____ Gas Diagram _____

Electrical Diagram _____ Generator and Transfer Switch information _____

Load data sheet if applicable _____

Project # _____

Employee's Initials _____