

PARISH OF ASCENSION

OFFICE OF PLANNING AND DEVELOPMENT
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: _____

Electrical 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 Manufacturer: _____

Gas:

Fuel Type:

Natural Gas _____ Propane _____ Diesel _____ Gasoline _____

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Piping Material:

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 _____

Payment Information _____

Employee's Initials _____

Project # _____