



PLANNING AND ZONING COMMISSION

225 Center Road - Easton, Connecticut 06612
Telephone: (203) 268-6291
Town Website: eastonct.gov

GENERATOR - ZONING APPLICATION

- Site Plan* (2 copies) showing proposed location, all existing structures, all components of the septic system, driveway, patio(s), etc.
- If the power source is an above ground propane tank(s), greater than one 120-gallon tank, a completed Above Ground Propane Tank Zoning Application is required as well
- Application **MUST** be complete in full or it will not be processed
- Check made out to the "Town of Easton"

Office Use Only	
Date Submitted:	_____
Application #:	_____
Zoning Permit Fee*:	\$ _____
* \$1.50 per \$1,000 of Construction (\$25 min.)	
State Land Use Fee:	+ \$ 60.00
CZC Inspection Fee:	+ \$ 25.00
Total Fee Due:	\$ _____

** Improvement Location Survey by a surveyor licensed in the State of Connecticut; this requirement may be waived if an as-built survey is on file and it can be shown clearly established, to the satisfaction of the Zoning Enforcement Officer, that the generator and pad will not be within 10 feet of the setback area*

Property Owner _____ Applicant (if different): _____

Property Address _____

Description of Project: _____

Estimated Construction Cost: \$ _____

Is activity in the 100 Year Flood Plain: ____ Yes; ____ No

Proposed Setbacks to Generator/Pad: Front - ____ ft; Side - ____ ft/ ____ ft; Rear - ____ ft

I, the undersigned, hereby consent to necessary and proper inspection of the subject premises by a representative of the Planning and Zoning Commission, at reasonable times, both before and after any permit applied for has been granted by the agency. Further, I hereby certify that the above answers are correct and true and that I shall conform to the requirements of the Easton Zoning Regulation.

Owner Signature*: _____ Applicant Signature: _____

Print Name: _____ Print Name: _____

**In lieu of Owner Signature, the applicant must submit an authorization letter from the owner to apply for permits on their behalf.*



TOWN OF EASTON ELECTRICAL PERMIT GENERATOR

This Section To Be Completely Filled Out By Applicant

Address of Work:	PERMIT #
Owners Name:	
Address:	City/Town: State: Zip:
Phone (home & day):	E-mail:
Lessee information (if applicable):	

Contractor:	
License Holder:	
Address:	City/Town: State: Zip:
Phone (office & cell):	E-mail:
License Type:	Registration No.: Expiration Date:

Work type:	Residential <input type="checkbox"/>	Commercial <input type="checkbox"/>
Electric Code:	2017 NEC (NFPA-70) <input type="checkbox"/>	2015 IRC (Part VIII): <input type="checkbox"/>

Work Description:

Cost of Job: _____

<u>Generator Totals</u>
Watts: _____
Amps: _____

Estimated Cost of Construction: \$	_____
Permit Fee:	\$ _____
Administration Fee:	\$ _____
Total:	\$ _____

Building Official Signature: _____ Date: _____

I, THE UNDERSIGNED, agree to abide by & follow ALL LOCAL & STATE CODES RULES & REGULATIONS, for all Town Departments, (zoning, health, wetlands etc.), that apply to the installation of a stand by generator & installation of fuel tanks.
LOCATION OF GENERATOR MUST BE SHOWN ON PLOT PLAN ALONG WITH SEPTIC SYSTEM LOCATION

I, THE UNDERSIGNED, in accordance with the Building Code of the State of Connecticut, hereby applies for a permit to perform electrical work as listed herein and agrees to conform strictly to the Building Code and to give notice when the work is ready for roughing & final inspections

Print Name:	Signature:	Date:
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Generator Information and Load Breakdown

Job Address: _____

Residential___ Commercial___ (check one)

Property owner: _____

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

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....._____

Elec. Heat....._____

Total Watts_____ Total Generator Watts_____

Total Amps_____ Total Generator Amps_____

Prepared by_____ Date_____

Signature_____

Company Name_____

CT E1 License No._____