



WBR Parish Government

Initial Requirements for Generator Permits

- h _____

- Complete the highlighted portions on the generator permit application.
- Contact the West Baton Rouge Natural Gas and Water Department (225-336-2406) for a gas meter install or upgrade. Proof of install or upgrade is needed before a permit will be issued.
- Submit Plot Plan of property showing the generator location and measurements from structures and property lines. (Generators must have 5' clearance from any structure and property lines, unless the manufacturer spec states otherwise.) Slab should be made of non-combustible material minimum 4" thick.
- Submit an approved plat of property
- Flood Zone Classification: _____
Generators must be installed at or above BFE. If in a Flood Zone A or AE you will need a surveyor to submit a Certificate of Elevation
- Contractor information – Must be State Licensed and registered with the Parish. (Each Contractor must apply for a permit)
 - 1. Electrical: _\$40_____
 - 2. Plumbing: _\$20_____
- Load Data Information of structure will be needed. **Where ATS is used the standby source shall be capable of supplying the full load or calculated load that is transferred by the ATS equipment, or have a load management system as per the NEC 2008 702.5 (2) (a) (b). Panel schedules required with all load calculations submitted.**
- Submit a copy of the Manufacturers Specifications for the ATS/Load Management system.
- All work must meet the 2014 NEC requirements in article 700, 701 & 702.
- Please sign this form stating you understand the above requirements. _____

Note: All gas piping underground must be polyethylene or coated and visible for inspection.

"Gray boxes" are
for Staff Use Only

WBR Office of Community Development Form OCPD #004d
GENERATOR PERMIT APPLICATION



I. Applicant, Owner and Project Information

Project Address:	CITY:	STATE:	ZIP:
APPLICANT Name:	Email:		
Primary Contact #:	Secondary Contact #:		
Electrical Contractor:	Email:		
Primary Contact #:	Secondary Contact #:		
LAND OWNER Name:	Email:		
Primary Contact #:	Secondary Contact #:		

II. Description of Project and Permit

Type of Permit Being Applied For: Generator	Size of Generator: _____ KW		
Type of Foundation:	Distance from House:	Flood Zone: _____	
Describe work to be performed:		Approximate Cost of Proposed Work:	
Electrical Contractor:	Parish Registration Up-to-Date? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Plumbing Contractor:	<input type="checkbox"/> YES <input type="checkbox"/> NO		

III. Applicant Certification

I certify that I have provided the information on this application (other than information in the "gray boxes") and that I have reviewed ALL of the information on this form (including the information in the "gray boxes"). I further certify that the information I have provided is true and correct to the best of my knowledge and that I have read and understand the laws of West Baton Rouge Parish as related to the development of my property (including, but not limited to Zoning and Site Development regulations). I am aware that any false or misleading information on this form, or any violation of Parish property development laws could result in legal action taken against me or others by West Baton Rouge Parish:

Signature **Print Name** **Date**

OFFICE USE ONLY
IV. Multi-Agency Coordination

Generator Permit Cost: Electrical:\$40 Plumbing:\$20	Electrical payment method:	Plumbing payment method:	
Permit ID:	Municipality:	Date Initiated:	
Is there a record of a "Parish-approved plat"?:	Subdivision:	Current Zoning:	
Tract and/or Lot:	WBRP Gas Meter Status:	Lot size (sq. ft.):	
Map & Parcel Number:	Flood Zone:	BFE: _____ Required: _____	Inspector approval:



West Baton Rouge Electrical Load Data Sheet

Applicant Name: _____ Contractor: _____

Phone # _____ Email: _____

Owner/ Developer Name: _____

Service Address: _____ City/State/Zip: _____

-Electric Service Data-

Service Request Type: New Construction Existing Electric Overhead Conversion Generator

Number of Meters at this Address: _____ Unit Labeling: _____

(i.e. Suites 300-308, Apts. 101-130, Units 1)

Anticipated Service Date: _____ Temporary Electric Service: (Commercial Only) Yes No

Electric Service Type: Overhead Underground (Need Date: _____)

Facility Has a Total of _____ Sq-Ft of Floor Area On _____ Floors of Which _____ Sq-Ft. are Area Comfort Conditioned
Basement/Attic/Other Living Space Not included Above: No Yes (_____ Sq-Ft. Finished, _____ Sq-Ft. Unfinished)

Facility Heated With: Gas Electric Facility Has _____ Tons of Cooling Capacity Using _____ Unit(s)

Service Entrance Pipe Size: _____ Inches

-Voltage and Load Data-

Phase/Voltage: 1 ϕ -120/240 3 ϕ - 120/240 Delta 3 ϕ - 120/208 Wye 3 ϕ - 277/480 Wye Other _____

	Single ϕ	Three ϕ	Comments
Lights	_____ KW	_____ KW	_____
Cooking	_____ KW	_____ KW	_____
Heating	_____ KW	_____ KW	_____
A/C (heat pump)	_____ KW	_____ KW	_____
Refrigeration	_____ KW	_____ KW	_____
Water heating	_____ KW	_____ KW	_____
Motors	_____ KW	_____ KW	_____
Receptacles	_____ KW	_____ KW	_____
Miscellaneous	_____ KW	_____ KW	_____
Total Connected	_____ KW	_____ KW	_____
Existing Peak Load	_____ KW	_____ KW	_____
Total Diversified	_____ KW	_____ KW	_____

All-Electric Facility? Yes No

Data for the Largest Motor

HP: _____ Voltage: _____ Phase: _____

FLA: _____ LRA: _____

Reduced Voltage Starting: Yes No (List type if Yes)

(Type Reduced Start) Part Winding: (Ratio _____ - _____)

Wye-Delta Autotransformer (Tap Setting _____%)

Solid State (Ramp Setting _____% Current Limit _____%)

Other, Describe: _____

Responsible Party (sign below)

Submitted By: _____ Print Name: _____