



TEMPORARY GENERATOR PERMIT APPLICATION

FOR OFFICE USE ONLY	
PLAN CHECK#:	_____
SUBMITTAL DATE:	_____
TARGET DATE:	_____
EXP DATE:	_____
PERMIT#:	_____

PROJECT NAME	TRACT	LOT
PROJECT ADDRESS	ASSOCIATED PERMIT# (If applicable)	

APPLICANT INFORMATION					
APPLICANT/COMPANY NAME			PROPERTY OWNER		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
CONTACT	PHONE		CONTACT	PHONE	
EMAIL			TENANT		

ALL SUBMITTALS REQUIRE A SITE PLAN SHOWING GENERATOR LOCATION.

GENERATOR INFORMATION			
GENERATOR TYPE			
<input type="checkbox"/> CONSTRUCTION - All construction related activities, including sales, models, and construction trailers.			
GENERATOR CONFIGURATION: <input type="checkbox"/> PORTABLE <small>(Mounted on an integrated trailer system)</small> <input type="checkbox"/> MOUNTED ON GRADE <small>(Requires anchoring details and Building review)</small>	FUEL TANK SIZE: <input type="checkbox"/> LESS THAN 25 gal <input type="checkbox"/> LESS THAN 60 gal	<input type="checkbox"/> 25 gal OR MORE (Requires OCFA review) <input type="checkbox"/> 60 gal OR MORE (Requires OCFA review)	FUEL TANK LOCATION: <input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR
<input type="checkbox"/> SPECIAL EVENT - Not in use for more than 30 days and not related to <u>ANY</u> construction activities.			
GENERATOR CONFIGURATION: <input type="checkbox"/> PORTABLE <small>(Mounted on an integrated trailer system)</small> <input type="checkbox"/> MOUNTED ON GRADE <small>(Requires anchoring details and Building review)</small>	FUEL TANK SIZE: <input type="checkbox"/> LESS THAN 25 gal <input type="checkbox"/> LESS THAN 60 gal	<input type="checkbox"/> 25 gal OR MORE (Requires OCFA review) <input type="checkbox"/> 60 gal OR MORE (Requires OCFA review)	FUEL TANK LOCATION: <input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR

ADDITIONAL REQUIRED DETAILS
<ul style="list-style-type: none"> NOTE ON PLANS: Generator location with dimensions/distances to adjacent property lines NOTE ON PLANS: Generator setback and screening will be consistent with Zoning Ordinance Section 3-20-1 NOTE ON PLANS: Generator operation will be consistent with the City's Noise Ordinance NOTE ON PLANS: Generator operating hours Provide a manufacturer cut/information sheet indicating the noise decibels generated at various distances from the equipment while operating.

BY SIGNING BELOW, I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT.

APPLICANT SIGNATURE	PRINT APPLICANT NAME	DATE
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FOR OFFICE USE ONLY: PLAN CHECK ROUTING AND FEE		
ROUTE TO: <input type="checkbox"/> BUILDING <input type="checkbox"/> PLANNING <input type="checkbox"/> OCFA	RECEIPT #: _____	CUSTOMER #: _____
TOTAL PLAN CHECK FEES: _____	TMPL#: _____	EST INITIALS: _____
	TMPL#: _____	SUB INITIALS: _____