



Requirements for Generator Plan Review

1. **(1) - Electrical application**
2. **(2) - Electrical one-line diagrams (Very Detailed)**
 - a. Show the meter base, panel, transfer switch and generator with its designed order.
 - b. Identify all of the high voltage wires, types & sizes.
 - c. Identify all of the conduit types and sizes.
 - d. Identify all of the grounding locations, types & sizes of the grounding electrode conductors.
 - e. Identify the amperage of the service, panels, meter base, etc.
 - f. Identify the signage required for an alternate source of power.
 - g. Indicate grounds and neutrals are separated in all sub panels.
3. **(2) – Generator & Transfer switch specifications.**
 - a. Highlight the size (KW) and model of both on the specifications sheet and the BTU's of gas being used by the generator.
4. **(2) – Gas piping one-line diagrams.**
 - a. Identify the type & size of the pipe or piping being used.
 - b. Identify the shut-off valve & sediment trap.
 - c. Indicate gas piping will be protected against corrosion.
5. **(2) – Site Plans**
 - a. Show the location of the generator relative to the dwelling with the measurements from the lot lines and the dwelling.
 - b. Show the path of the gas piping from the source to the generator.
6. **(2) – Manufacturers installation instructions.**
 - a. Include clearance pages from the generator manufacturer.

*Note: Before the generator installation can be scheduled for a final inspection, a **Gas Piping Acceptance Test Form** must be submitted for approval to the Building Department.*



**ASHTABULA COUNTY
BUILDING DEPARTMENT**
25 W Jefferson Street
Jefferson, OH 44047-1092
Office: (440) 576-3737
Fax: (440) 576-3739

ELECTRIC SERVICE APPLICATION

PERMIT NUMBER: _____

DATE OF APPLICATION: _____

COMMERCIAL **RESIDENTIAL**

OWNER:

NAME: _____
MAILING ADDRESS: _____
TWP/CITY/VILLAGE: _____
ZIP CODE: _____
PHONE: _____

SITE:
ADDRESS: _____
LOT NUMBER: _____
TWP/CITY/VILLAGE: _____
ZIP CODE: _____

PARCEL NUMBER REQUIRED ON ALL APPLICATIONS: _____ - _____ - _____ - _____ - _____

The parcel number is twelve digits and can be found on the real estate tax bill or through the County Auditor's office

CONTRACTOR: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____
CELL PHONE: _____

COUNTY REGISTRATION NO. _____
STATE LICENSE NO. _____

SCOPE OF SERVICE: NEW RELOCATE REPAIR
(Circle all that apply) TEMPORARY PERMANENT SOLAR
 PEDESTAL POLE GENERATOR
 OVERHEAD UNDERGROUND PANEL

AMPERAGE: 100 150 200 400 Other _____

VALUE OF PROJECT \$ _____ **9 DIGIT WORK ORDER NUMBER:** _____

ELECTRICAL SERVICE PROVIDER _____

Plan review and approval is required; please allow up to 30 business days for processing.

Once your permit is issued would you prefer _____ **PICK IT UP** or **MAIL** _____ **Contractor** _____ **Owner**

If you are not the property owner that is listed on the County Auditor's website, proof of a contractual agreement with the property owner is required; sales agreement, contract, lease or rental agreement, etc.

CERTIFICATION: I certify that I am the owner of the property or the owner's authorized agent. All information contained in this application is true, accurate, and complete to the best of my knowledge. I acknowledge that I am responsible for all fees associated with this submittal.

Print Name

Signature

Date

Please enter N/A in fields that are not applicable. Incomplete applications will not be accepted.

Residential Fuel Piping Pressure Acceptance Test Certificate

Pressure Acceptance Test Certificate shall be submitted to the Ashtabula County Building Department **PRIOR** to final inspection. All fuel piping systems regulated by the 2019 Residential Code of Ohio (RCO) will require the permit holder to complete this certificate in its entirety. Acceptance, performance, and operational testing is pursuant to the RCO Section 108.8.

Property Owner Information:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Owner Contact: _____ Telephone: _____

Piping System Installer Information:

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Representative: _____ State License #: _____ Telephone: _____

System & Test Information:

Permit Number: R-20 _____ - _____

Piping Materials (Check all that apply): Schedule 40 Steel CSST Other _____

Type of Fuel (Check): Natural Gas Liquid Propane Other _____

Number of Fuel Outlets: _____

Working Pressure: _____ [Service regulator outlet pressure psig or inch wc]

Date of Test: _____

Test Pressure: _____ [1-1/2 times the working pressure but not less than 3 psig per RCO 2417.4]

Test Duration: _____ [10 minutes minimum per RCO 2417.4.2]

Was a leakage test performed on new to existing piping connections and or connections to appliances and equipment per RCO 2417.6?

Yes No N/A

Is gas piping (CSST and other pipe or tube) electrically bonded as required by the manufacturer's instructions and per RCO Section 2411?

Yes No N/A

I, hereby certify that the appropriate tests regarding the above system were performed in accordance with 2019 RCO Section 2417 requirements and was found to be compliant.

Sign Name _____ Date _____

Print Name _____