



**Village of Chagrin Falls**  
**Whole House Generator Permit**  
**application**  
21 W. Washington St. Chagrin Falls, Oh, 44022. 440-247-5050, fax 440-247-2082 www.Chagrin-Falls.org  
 440-247-5050, Fax 247-2082 [www.Chagrin-Falls.org](http://www.Chagrin-Falls.org)

OFFICE USE PERMIT NO. \_\_\_\_\_  
 Permit Fees Elect: 75.00  
 Plumbing: \$50.00  
 Zoning: \_\_\_\_\_ Side YD : \_\_\_\_\_

**General Zoning requirements for whole house generators**

Whole house Generators may only be located in the side or rear yard of the dwelling in compliance with the setback requirements of the main building.

Shall be screened from view with evergreen plant material or decorative fencing. Shall be installed in conformance with the manufacturer's specifications. Fueled by natural gas.

**Periodic testing and necessary maintenance operation between the hours of 7:00 a.m. and 7:00 p.m.**

Equipped with sound attenuation equipment sufficient to ensure that the noise level produced during operation complies with the requirements of Section 1144.02(b) > see Section 509.08. It is recommended to follow manufacture guidelines.

**Submittal requirements:** site plan 1/4 inch equals 1 foot show footprint of house, and location of generator

**Property Owner Information:**

**Property owner:** \_\_\_\_\_

**Address :** \_\_\_\_\_ **City** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Site Plan is required at time of submission: ( 1/4" = 1' ); Must show property lines and location of generator.**

**Setbacks:**

Rear lot line : \_\_\_\_\_ P/L to genset. Side yard ; (left) : \_\_\_\_\_ P/L to genset. Side yard. (Right): \_\_\_\_\_ P/L to genset.

**Technical information:**

Size of generator: \_\_\_\_\_ Location of transfer switch: \_\_\_\_\_ Location of meter base: \_\_\_\_\_

Dimensions of generator : height: \_\_\_\_\_ Width: \_\_\_\_\_ Length: \_\_\_\_\_ Distance from house: \_\_\_\_\_

Distance from nearest operable window or door: \_\_\_\_\_

Distance from intake of furnace (if applicable) : \_\_\_\_\_ Distance from intake of Hot water tank (if applicable): \_\_\_\_\_

Electrical contractor: \_\_\_\_\_ email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Since generator will require the installation of gas line, a plumbing permit is also required, and plumber will be required to furnish a isometric sketch.

Size of incoming gas service line: \_\_\_\_\_ Proposed gas service to gen: \_\_\_\_\_ Has the gas company been contacted regarding sizing information: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_ email: \_\_\_\_\_

**Total Estimated cost of construction: \$** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

