

## Application to install a Stand-by Generator

**INSTRUCTIONS:** 1. Print & Fill out Form **OR** 2. Fill out Form in MS Word **and** 3. Sign Form 4. Return completed Form to "Ministry of Communications and Works, Government of the Virgin Islands, Central Administration Complex, Wickhams Cay 1, Road Town, Tortola VG1110, BVI".

| Name of Property Owner                                 |                                   |                        |            | Block         | #         | Parcel #             |  |
|--------------------------------------------------------|-----------------------------------|------------------------|------------|---------------|-----------|----------------------|--|
| Agent/Company                                          |                                   |                        |            | I             |           | ı                    |  |
| Mailing Address                                        |                                   |                        |            |               |           |                      |  |
| Tel# Cell#                                             |                                   |                        |            |               |           | Fax #                |  |
| Email                                                  | ·                                 |                        |            |               |           | ·                    |  |
| Physical Address                                       |                                   |                        |            |               |           |                      |  |
| (Stan                                                  | Licens<br>d-by Generators mu      | sed Electric           |            |               |           | ns ONLY!)            |  |
| Name                                                   |                                   |                        |            | Class A B C D |           |                      |  |
| Address                                                |                                   |                        |            | Telephone #   |           |                      |  |
|                                                        |                                   |                        |            | Cell #        |           |                      |  |
|                                                        |                                   | Specific               | ations     | <u> </u>      |           |                      |  |
| Location of Generator                                  | Fuel Type                         |                        |            |               |           |                      |  |
| Make                                                   | Нс                                |                        | Horsepower |               |           |                      |  |
| Model                                                  | Frequenc                          |                        | quency     |               |           |                      |  |
| Capacity (kw)                                          | Phase                             |                        | ase        |               |           |                      |  |
| Voltage                                                | Enclosure/F                       |                        |            | rotection     |           |                      |  |
| What is the calculated bu                              | ilding load the stand-            | by generator wil       | ll supply? |               | amp       |                      |  |
| Transfer Switch: Manua                                 | I Automatic                       |                        |            |               |           |                      |  |
| Model                                                  | Load                              | d                      | Phase      |               |           |                      |  |
| Conductor Size (wire)                                  | kcmil                             |                        |            |               |           |                      |  |
| Voltage Drop%                                          |                                   |                        |            |               |           |                      |  |
| Noise Leveld                                           | <b>IB</b> , if the noise level is | s above <b>80dB</b> th | ne stand-l | by generat    | or MUST I | be totally enclosed. |  |
| Arrangement for storage of                             |                                   | -l be refable atom     | 1 i 1 i    | table conf    | - ( 1)    |                      |  |
| (Fuel should be safely stored in a suitable container) |                                   |                        |            |               |           |                      |  |
| Applicant's Name Applicant's Signature                 |                                   |                        |            |               |           | Date                 |  |
| MINISTRY                                               | OF COMMUNIC                       | CATIONS A              | AND W      | ORKS          | OFFIC     | IAL USE ONLY         |  |
| Received by                                            |                                   |                        |            |               | Date      |                      |  |
| Inspected by                                           |                                   |                        |            |               | Date      |                      |  |
| Comments/Recommend                                     | dation                            |                        |            |               |           |                      |  |
|                                                        |                                   |                        |            |               |           |                      |  |
| Minister's Approval                                    |                                   |                        |            |               |           |                      |  |

Date