

City of St. Charles Generator



Building & Code Enforcement Division
2 East Main Street
St. Charles IL 60174
630.377.4406 (Office)
<http://www.stcharlesil.gov>
permits@stcharlesil.gov

**Please direct any and all questions to the City of St. Charles Building & Code Enforcement Division:
Monday through Friday (8 AM to 4:30 PM) at 630.377.4406**

A building permit is required prior to installing a back-up or roof top generator.

Check List for Submittal of Application:

- Is your property located in the Historic Preservation District? If yes, you must complete the Certificate of Appropriateness for this project. The Historical Preservation Commission will review this project at a scheduled meeting.
- One (1) Copy Building Permit Application – Completely Filled Out.
- One (1) Copy Electric Service Application – Completely Filled Out.
- Four (4) Copies of a Plat of Survey-indicate the location of the proposed generator with the electric panel and gas lines indicated on the Plat.
- Two (2) Sets of manufacturer specifications on the generator.
- Submittal/Permit fee of **\$250.00** to be submitted at the time of the submittal of the application. Payment may be made by Cash, Check or Credit Card. Credit cards may only be accepted in our office. Applications will not be accepted for review without payment.
- Homeowner's Association Approval Letter, where applicable.

***Applications missing submittal items will not be accepted.**

Building Codes:

The following are the Building Codes, which the City of St. Charles has adopted:

- St. Charles Municipal Code
- 2020 National Electric Code
- 2021 International Residential Code
- 2021 International Fuel Gas Code
- 2021 International Energy Conservation Code

Zoning Requirements:

- Generators are allowed in interior and rear yards only.
- Generators must be located a minimum five feet from all lot lines.
- Generators are not allowed in easements of any type.

Call (630) 377-4406 to schedule Building Inspections at least 24-48 hours before the inspection is needed. Inspections will be scheduled based on availability.

Call J.U.L.I.E. (811) or (800) 892-0123 Before you Dig- prior to any digging to locate any underground utilities.

City of St. Charles
Municipal Electric Office
1405 S 7th Avenue – St. Charles IL 60174
630/377-4407



Electric Service Application – New Service/Upgrade/Other
(Each individual service will require a complete and separate application)

Name: _____	Phone: _____
Original Signature: _____	Fax: _____
Contact Name: _____	Phone: _____
Email Address: _____	
Application Date: _____	Requested Service Date: _____

Existing Building	Other	New Building	Service Voltage Requested
<input type="checkbox"/> Residential	<input type="checkbox"/> Temp Connection	<input type="checkbox"/> Residential: Single family	<input type="checkbox"/> Single Phase 120/240
<input type="checkbox"/> Commercial	<input type="checkbox"/> Street Lights	<input type="checkbox"/> Residential: Multi Family	<input type="checkbox"/> Three Phase
<input type="checkbox"/> Industrial	<input type="checkbox"/> Traffic Signals	estimated # of units _____	<input type="checkbox"/> 120/208
<input type="checkbox"/> Upgrade Service	<input type="checkbox"/> New Service	<input type="checkbox"/> Commercial	<input type="checkbox"/> 277/480
<input type="checkbox"/> Relocate Service	<input type="checkbox"/> Relocate	<input type="checkbox"/> Commercial: Multi Family	<input type="checkbox"/> Other
<input type="checkbox"/> Convert OH to UG	<input type="checkbox"/> Antenna Site	estimated # of units _____	
	<input type="checkbox"/> Signage Lights	<input type="checkbox"/> Industrial	
	<input type="checkbox"/> Solar-Wind-Generator	<input type="checkbox"/> Other	Proposed Generator kW _____

Service Panel:
Present Rating (amps) _____ Proposed Rating (amps) _____ Proposed Connected kW _____
Present Peak kW (Demand) _____ Estimated Peak kW (Demand) _____ Proposed Interconnected kW AC _____

SERVICE ADDRESS
(A complete and accurate service address is required before service may be installed)

Street Address: _____

Subdivision: _____ Lot # _____ Real Estate Permanent Tax # _____

Legal Description (attach sheet if necessary): _____

Record Titleholder of property: _____

If property is held in trust, identify beneficial owner (s): _____

Address: _____

CUSTOMER BILLING INFORMATION
(This information will be used for utility billing purposes)

Name: _____

Street Address: _____

City/State/Zip _____ Phone: _____

Authorized representative or agent: _____

Title: _____ Phone: _____

Note: Only Cash or Check can be used for payment.

BUILDING DIVISION OFFICE USE

Application Accepted By: _____ Date Application Received: _____
Date Payment Received: _____ Method of Payment: _____
Building Permit No.: _____

ELECTRIC DEPARTMENT CHARGES

Charges Calculated by: _____ **Date:** _____

<u>ITEM</u>	<u>ACCOUNT #</u>	<u>CHARGES (\$)</u>	<u>AMOUNT PAID</u>
Project Cost:	- 200999 45405	_____	_____
SOCC: VACANT	200999 48500	_____	_____
SECC: VACANT	200999 48501	_____	_____
SOCC:	200999 48502	_____	N/A
SECC:	200999 48503	_____	_____
Upgrade Charges:	200999 48504	_____	_____
Engineering:	200999 45206	_____	_____
Temp Connection:	200999 45407	_____	_____
Electric Improvement:	200999 45404	_____	_____
Relocation	_____	_____	_____
Subtotal		_____	N/A
Less contribution- if applicable		_____	N/A
Total Amount of Charges:		_____	_____

Electric Project No.: _____

CITY OF ST CHARLES
Application for Generator Building Permit
Department: Building & Code Enforcement Division
Phone: (630) 377-4406 Fax (630) 443-4638



Date: _____

Permit No. _____

PLEASE PRINT ALL INFORMATION

I, _____, do hereby apply for a permit for the following described work

located at _____ Estimated Cost: _____

Description of proposed work: _____

Check List for Submittal of Application:

- Is your property located in the Historic Preservation District? Yes/No If yes, your application and plans will need to be reviewed by the Historic Preservation Committee.
- Building Permit Application – Completely Filled Out.
- Electric Service Application – Completely Filled Out.
- If permit is for replacement of rooftop generator, permit is issued over the counter.
- Four (4) Copies of Plat of Survey show location of the Generator, with electric panel and gas lines indicated on the plat.
- Four (4) Copies of the specifications on the generator.
- Electric service application – if the generator will be located outside of the building.
- Filing fee of \$250.00 PAYABLE BY CASH, CHECK TO THE CITY OF ST. CHARLES OR CREDIT CARD (IN OUR OFFICE ONLY).**

Owner of the Property:

Name: _____
 Address: _____
 City/State/Zip Code: _____
 Email: _____
 Telephone NO. _____

Applicant:

Name: _____
 Address: _____
 City/State/Zip Code: _____
 Email: _____
 Telephone NO. _____

General Contractor:

Name: _____
 Address: _____
 City/State/Zip Code: _____
 Email: _____
 Telephone NO. _____

Contractor:

Name: _____
 Address: _____
 City/State/Zip Code: _____
 Email: _____
 Telephone NO. _____

I, the undersigned, certify that if a permit is issued to me, I will comply with all provisions of the building, plumbing, electric and other applicable ordinances of the City of St. Charles and shall perform all work, or cause all work to be performed according to the provisions of said ordinances. I, or my agent, shall personally supervise the work and shall do, or cause to have done, said work according to plans, specifications and other written information supplied as a part of this application. I am familiar with the applicable ordinances and the provision thereof and in signing this application do willingly become responsible for all work accomplished under the permit by all contractors, tradesmen and workmen, and shall call for inspections as required at a minimum of 24-hours before they become due.

PRINT NAME: _____

SIGNATURE: _____

REPORT OF THE BUILDING OFFICIAL

Accepted: _____ **Rejected:** _____ **Date:** _____

Signed: _____