

# City of St. Charles Generator



Building & Code Enforcement Division  
2 East Main Street  
St. Charles IL 60174  
630.377.4406 (Office)  
630.443.4638 (Fax)  
<http://www.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 install a back-up or roof top generator. The following are guidelines and comments for obtaining a building permit.

## Application and Drawings Procedures:

- ▶ An application is to be filled out and submitted to the Building & Code Enforcement Division. The contractors' names, addresses, phone numbers and, if required, their license numbers are to be filled out when submitting the application.
- ▶ An Electric Service Application is to be filled out and submitted to the Building & Code Enforcement Division.
- ▶ If this permit is for a replacement of a rooftop generator, the permit is issued over the counter.
- ▶ Three (3) sets of specifications on the generator are to be submitted with the application, if it is a backup generator outside of the building.
- ▶ Three (3) copies of the plat of survey, indicating the placement of the generator and the location of all underground utilities are to be submitted with the application.
- ▶ Our goal is to complete the review of your building permit within 10 working days.

## Application – Permit Fees: All payments are to be made either in the form of cash, check, or money order.

⇒ A filing fee is to be paid at time of submission of application and plans.

A submittal fee of **\$250.00 (to be paid at time of submittal)**

Additional fees for your permit are to be paid at the time the permit is approved and ready to be obtained.

**Re-inspection fee.** During the construction of your project should you fail any of the required inspections there is a re-inspection charge. The fees are due prior to certificate of occupancy. The fee schedule is as follows;

- \$80.00 per Building & Code Enforcement Division re-inspection for all types of inspections during construction (excluding finals)
- \$80.00 per re-inspection for all residential final inspections.

## Consultation Meetings:

The Building and Code Enforcement Division offers a consultation meeting where you will meet with City staff and discuss any questions or issues on your construction project. The meeting may be for a proposed project or a project that is currently under construction and can be held at the site location or in our office. To schedule this meeting, please contact our office at 630.377.4406.

## Building Codes:

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

- St. Charles Municipal Code
- 2015 Int'l Residential Code w/revisions
- 2015 Int'l Building Code w/revisions
- 2015 Int'l Mechanical Code w/revisions
- 2014 Nat'l Electrical Code w/revisions



**Electric Service Application – New Service/Upgrade**  
(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 _____
<b>Service Panel:</b>	<input type="checkbox"/> Electric Vehicle Chargers		Proposed Connected EV kW _____
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
<b>Total Amount of Charges:</b>		_____	_____

**Electric Project No.:** \_\_\_\_\_

**General Comments:**

- \* The Permit Conditions form and stamped "FIELD COPY" of the plans are to be on the job site.
- \* A minimum of 24-hour notice is required when scheduling any inspection.

**Overtime Inspections:**

The Building & Code Enforcement Division Manager or his designee may approve requests for overtime inspections for unique circumstances. The charge for an overtime inspection will be a separate charge and will be invoiced to the individual contractor or company who requested the overtime inspection.

**Inspections:**

The following is a list of inspections, which might be required for your project and the amount of time for the inspection.

- o **Electric**                                      Approximately one-half hour.
- o **Final**    Approximately one-half hour

**Inspections - Clarification and Details:**

The following are general guidelines and details on the types of inspections that might possibly be required for your project: For further clarification please call our office and speak with one of our Building Inspectors.

**Electric:**

×

**Final:**

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**Homeowner – Contractor Responsibilities:**

- ✓ It is the responsibility of the homeowner/contractor to schedule with the Building & Code Enforcement Department the required inspections. The required inspections are indicated on the Plan Review form, which is attached to your permit and the Field Copy of drawings. When calling to schedule an inspection, please have the address and the permit number.
- ✓ Inspections shall be called a minimum of 24 hours before they become due.

# CITY OF ST CHARLES

## Application for Generator Building Permit



**Department: Building & Code Enforcement Division**

**Phone: (630) 377-4406 Fax (630) 443-4638**

Application Date: \_\_\_\_\_ Parcel No. \_\_\_\_\_ 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.
- Three-3 Copies of Plat Of Survey (If Applicable – Show underground utility locations)
- Three-3 sets of specifications on the generator.
- Electric service application – if the generator will be located outside of the building.
- Filing fee of **\$250.00** (in cash or check to the City of St. Charles) to be submitted at the time of the submittal of the application.

**Owner of the Property:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone NO. \_\_\_\_\_

**General Contractor:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone NO. \_\_\_\_\_

Illinois License No. \_\_\_\_\_

**Applicant:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone NO. \_\_\_\_\_

**Contractor:** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone NO. \_\_\_\_\_

Illinois License 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: \_\_\_\_\_

For Office Use
Received _____
Fee Paid \$ _____
Check # _____