



Community Development Department  
Building Safety Division  
840 West 11<sup>th</sup> Street  
Panama City, FL 32401  
850-248-8350

## GENERATOR SUBMITTAL CHECKLIST

### **Electrical Requirements:**

- Provide Electrical one line or Riser Diagram of all service equipment:
- (Example: Grounding, Transformer(s), Meter(s), Main Distribution Panel, and Sub Panel(s) with conductor size/type and conduit size/type. (Note the Existing and New Equipment). Information listed on the equipment should include: Volts, Amps, Phase, and AIC Rating.
- Provide a summarized load calculation of the home or building. If load shedding is required, provide load shed calculations for the actual load(s) that will be shed. If there will be a separate emergency panel, designate the load(s) for this panel.
- Note: Load calculations must show fuel source LP (Liquid Propane) or NG (Natural Gas), Diesel as this will determine the power rating of the generator.
- Provide Factory Spec Sheets for any load shedding Modules that will be used with the ATS.
- Provide Factory Spec Sheets for the ATS (Automatic Transfer Switch).
- Provide Factory Spec Sheets for the Generator.
- Show all wiring methods and materials.

### **Fuel Requirements:**

- Fuel type – LP, Self-contained or Natural Gas, Diesel
- Isometric of piping layout (Including location of regulators).
- Longest run of fuel pipe (from source to farthest outlet).
- Pipe type, size(s) and fuel pressures.
- Appliance(s) BTUH rating.
- Fuel table used for sizing.
- Commercial generator requires concrete slab detail.



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**Required for all generator applications:**

- Site plan with setback requirements
- Location of all openable windows and doors
- Location, type of piping, size and length of piping
- Type of Fuel (*Propane, Natural Gas, Diesel, Self-Contained*)
- Current utility company
- Letter of approval from Utility Company (*Commercial Only*)
- Is this application connected with the following permit types
  - Building
  - Electrical
  - Gas
  - Pool

**Code Reference:**

- FBC Building 8th Edition (2023) Section 107.3.5
- FBC Residential 8th Edition (2023) Section G2413
- FBC Fuel Gas 8th Edition (2023) Section 402
- NEC 2020 Article 220 - 250 - 408.4 - 445 - 702
- NFPA 58

***This document is intended to be a guide and may not contain all requirements needed to obtain permits and approval from Bay County.***



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**B19E – ELECTRICAL PERMIT APPLICATION**

Residential       Commercial

<b>Property Owner</b>	Property Owner Name:		Phone:	
	Property Street Address:		Unit:	
	Property City:	State:	Zip:	
	Parcel ID:	Property Owner Email:		
<b>Contractor Info</b>	Contractor Company Name:		Phone:	
	Contractor Email:			
	Primary Point of Contact (for Inspection Purposes):			
	Point of Contact Email:		Phone	
	Florida Contractor License or Bay County Competency Card Number:			

**Job Value: \$** \_\_\_\_\_ *(this will include labor, material, and all other associated job costs)*

**Check All That Apply:**

<input type="checkbox"/>	Repair	<input type="checkbox"/>	Alteration	<input type="checkbox"/>	Addition	<input type="checkbox"/>	Electric Vehicle Charging Station
<input type="checkbox"/>	Service Change:		AMPS:	<input type="checkbox"/>	Generator & Size:		
<input type="checkbox"/>	Temporary Construction Pole:		AMPS:	<input type="checkbox"/>	Low Voltage		
<input type="checkbox"/>	Miscellaneous Permanent Service Pole:		AMPS:	<input type="checkbox"/>	Safety Inspection / Pre-Power		
<input type="checkbox"/>	Other:						

**Use:** \_\_\_\_\_

**Scope of Work:**

\_\_\_\_\_

\_\_\_\_\_

**Note: FBC 107.3.5 EXEMPT FROM PLAN REVIEW:**  
**Residential only - Electrical service repair and replacements with no change in service size or location.**

**Utility Company:**    GCEC       FPL       **Will Power be Disconnected:**     Yes     No

\_\_\_\_\_  
 CONTRACTOR - PRINTED NAME

\_\_\_\_\_  
 OWNER – PRINTED NAME

\_\_\_\_\_  
 CONTRACTOR - SIGNATURE - DATE

\_\_\_\_\_  
 OWNER - SIGNATURE - DATE



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**B19G – GAS PERMIT APPLICATION**

Residential                       Commercial

<b>Property Owner</b>	Property Owner Name:		Phone:
	Property Street Address:		Unit:
	Property City:	State:	Zip:
	Parcel ID:	Property Owner Email:	
<b>Contractor Info</b>	Contractor Company Name:		Phone:
	Contractor Email:		
	Primary Point of Contact (for Inspection Purposes):		
	Point of Contact Email:		Phone:
	Florida Contractor License or Bay County Competency Card Number:		

<b>Job Value: \$</b>			
<input type="checkbox"/>	List each New or Existing Appliance(s) / Type:		
<input type="checkbox"/>	Number of Appliances:	Size (BTU):	2 Ton:
<input type="checkbox"/>	Location of Appliances:		
<input type="checkbox"/>	Pipe Size(s):	Length of Run(s):	Type(s) of Piping:
<input type="checkbox"/>	Propane	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Self-Contained
<input type="checkbox"/>	Other:		

<b>Use:</b>
<b>Detail Scope of Work:</b>
Note: <b>FBC 107.3.5 EXEMPT FROM PLAN REVIEW:</b> <b>Residential only - Replacing existing residential equipment, with similar size and type, such as water heaters, etc. Any change of fuel type (i.e., electric to gas) will require plans review</b>

\_\_\_\_\_  
 CONTRACTOR - PRINTED NAME

\_\_\_\_\_  
 OWNER – PRINTED NAME

\_\_\_\_\_  
 CONTRACTOR - SIGNATURE - DATE

\_\_\_\_\_  
 OWNER - SIGNATURE - DATE