



City of Lyons  
335 Main St  
PO Box 598  
Lyons, NE 68038  
Phone (402) 687-2485  
cityoffice@lyonsne.com

## GENERATOR PERMIT APPLICATION

DATE RECEIVED: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

### APPLICANT INFORMATION

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

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

Mailing Address (if different): \_\_\_\_\_

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

Email: \_\_\_\_\_

### PROPERTY INFORMATION

Type of Property: ☐ Residential ☐ Commercial ☐ Industrial

Electric Utility Account Number: \_\_\_\_\_

### GENERATOR INFORMATION

Generator Type: ☐ Standby (permanently installed) ☐ Portable/Freestanding

Manufacturer: \_\_\_\_\_

Model Number: \_\_\_\_\_

Kilowatt (kW) Rating: \_\_\_\_\_

Fuel Type: ☐ Gasoline ☐ Diesel ☐ Propane ☐ Natural Gas ☐ Other: \_\_\_\_\_

### INSTALLATION & SAFETY REQUIREMENTS

\_\_\_\_ Generator will not allow any electrical feedback into the City's electrical distribution system.

\_\_\_\_ Generator is installed with a double throw transfer switch that provides a break-before-make connection.

\_\_\_\_ Installation meets all applicable electrical and safety codes.

Licensed Contractors Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

License No.: \_\_\_\_\_

### DIAGRAM/ATTACHMENTS

Please attach the following (required for review):

- One-line electrical diagram
- Manufacturer specifications
- Site map or installation photo



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#### APPLICANT CERTIFICATION

*I hereby certify that the information provided is true and correct and that the generator installation will comply with Ordinance No. 789 and applicable safety codes.*

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

***No generator connected to a property's electrical system may be operated until the installation has been inspected and approved by the Utilities Superintendent.***

***This permit will not be considered until the application is filled out in its entirety.***

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#### OFFICE USE ONLY

☐ **Disapproval**

Reason if denied: \_\_\_\_\_

☐ **Approval**

Verified double throw (break-before-make) transfer switch: ☐ Yes

Verified no potential for backfeed: ☐ Yes

All safety documentation provided: ☐ Yes

**BUILDING INSPECTOR SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**COMMENTS:**

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For questions or additional information, please contact the City of Lyons Utility Superintendent at (402) 870-1361 or email terry@lyonsne.com