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Application to Install Backup Power Supply

☐ Stand-by Generator

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Renewable Energy

Name of Property Owner			Block	#	Parcel #
Agent/Company					
Mailing Address					
Tel #	Cell #				Fax #
Email					
Physical Address					
(Stand	Licensed Ele -by Generators must be ins		censed El		s ONLY!)
Name			Class A B C D E Licence #		
Address			Telephone # Cell #		
	Spe	cifications			
Location of Generator		Fuel Type			
Make	ke H		Horsepower		
Model	Frequen				
Capacity (kW)		Phase			
Voltage		Enclosure/Pr	rotection		
What is the calculated buil Transfer Switch: Manual	ding load the stand-by genera	ator will supply?_	a	mp	
Model	Load	Phase			
	kcmil AC Percentage Voltage Dr B, if the noise level is above 8 f fuel	30dB the stand-b			be totally enclosed.
	(<mark>Fuel should be safe</mark>	-			
Applicant's NameApplicant's Signature				Date	
	ND COUNTRY PLANNIN				USE ONLY
Received by				Date	
				Date	
Inspected by	ion				
Inspected by Comments/Recommendat	ion				