



NORTHSTAR FIRE DEPARTMENT



Generator Installation Plan Review - Application

Residential/Commercial (GEN)

Date _____ County Issued Permit Number _____ APN _____

Project Address _____ County _____

Project Type New Change/Upgrade Existing Occupancy Type _____

Type of emergency and standby power Emergency power Legally required standby power

Optional standby power

Project Description _____

Is this a resubmittal? No Yes (Date of last submittal _____)

Has there been a Pre-Development meeting for this project?

No Yes (Date(s) of meeting(s) _____)

General Contractor

Name _____ Business Name _____

CA License # _____ Phone Number _____

Email _____

Homeowner

Name _____ Phone Number _____

Email _____

Mailing Address _____

Main Contact

Name _____

Phone Number _____ Email _____

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Review the statements below. Check the boxes once the statements have been reviewed.

Plan review for a generator install is required to be a part of the Placer County building permit approval process.

Plan review turnaround is 7-10 business days from the date plan review fees are paid.

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NFD is no longer able to approve plans with conditions. If any of the requirements are missing, plans will not be approved and will be subject to resubmittals and resubmittal fees. All resubmittals trigger a new 7-10 business day turnaround.

Generator guidelines have been reviewed, found here: <https://www.northstarcsd.org/Resources>.

Check the requirements to ensure all are met prior to submitting.

A Site Plan showing location of the generator, power disconnect, and the shunt (If applicable).

Applicable building codes and standards must be noted on the cover sheet, including the CA fire codes and NFD Ordinance 36-19.

The location of an axillary power disconnect and sign must be depicted in the plans per NFD Ordinance 36-19.

“Any new structure or remodel that has electrical power supplied by a secondary or auxiliary power unit with automatic startup and/or automatic power transfer capabilities shall have an auxiliary power disconnect accessible to Fire Department personnel. This auxiliary power disconnect must be mounted within three (3) feet of the exterior’s main electrical disconnect or the main power electrical shunt trip/switch.

A permanently mounted, weatherproof placard. The placard shall be no smaller than 8 inches in width and 12 inches in height with reflective letters no smaller than 1 inch in height marked with “STANDBY POWER AUXILIARY POWER DISCONNECT” and placed on the exterior of the house near the service/auxiliary.”

The location of the shunt must be depicted in the plans per CFC Section 509 (If applicable).

Cut sheets for the generator.

Cut sheets for the shunt per CFC Section 509 (If applicable).

The county issued project permit number. If the permit issuance checklist is already issued, include with submittal. If not, you will be required to submit a copy to NTF once it is issued.

Signed Pre-Development Meeting Findings and Signed/Approved Alternate Materials and Methods Request (If applicable).

Plans must be submitted to bolk@northstarcsd.org.

Once the project is reviewed and approved, NFD will sign-off the workflow in the county’s system and add any Fire flags/holds/notes that will be required for project final. The approval of this review will allow for permit issuance from the county if their requirements have been met.

I hereby acknowledge that I have read the NFD’s requirements above for plan review. Furthermore, I acknowledge that if any of the requirements are not complied with, the plans/project will fail review and will

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be subject to resubmittals and resubmittal fees. By signing below, I am verifying that I have met the requirements for this submittal.

Signature _____ Date _____

Review section below after plan review is complete.

For office use only:

Final Fire Inspections that will be required for this project:

Generator Final Inspection

Final Defensible Space Inspection

To schedule any of these inspections, contact the Northstar Fire Department at (530) 562-1212.

Additional Plan Review Comments:

Date completed _____ Approved Not approved, resubmittal required

County Workflow Cleared Yes No

Cost Recovery Fees

Due \$ _____ Paid on _____ Last four CC# _____ Check # _____