

# **Maple Forest Generator Guidelines**

The installation of a whole house generator now requires Board approval via these guidelines. Installations made before these guidelines were established will be grandfathered in. Once approved, the generator becomes the owner's responsibility and any subsequent owner after that. The unit will not, under any circumstances, be covered under the Association's insurance.

City permits are required and generator placement must be at the rear of the condo unit. Additionally, the following criteria must be followed when determining generator placement:

- The generator must be at least 3 feet from utility meters, AC units and combustible material.
- The generator must be at least 5 feet from any door, window, exhaust or air intake.
- The generator housing must be made of a non-combustible material such as steel or aluminum.

Final placement, to meet the stated criteria, may necessitate an alteration to any existing deck or patio

If the unit can be seen from the street because of the position of the rear of the condo; a Board approved decorative shield must be added. The design and material to be used must be included in approval package.

Weekly operation of a generators test cycle must be done between the hours of 9:00 am and 6:00 pm, Monday -Friday

## **Approval Process**

- Your request for approval should be submitted to the Management Company and include:
  1. A completed and signed copy of these Generator Guidelines.
  2. A copy of a Workmen's Compensation Certificate and a insurance certificate showing that the contractor carries a minimum liability coverage of \$500,000. The contractor must be licensed and bonded.
  3. A completed plan showing the exact position of the generator and electric/gas lines.
  4. Proposed shield plan from view at street (if required)
- The Board reply, in writing, will be returned to you by the Management Company.

## **I accept the requirements and responsibilities as stated above:**

Co-owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Installation Contractor: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_