

Oakbrook Pointe Homeowners Association
FULL HOME GENERATOR - ALTERATION/MODIFICATION REQUEST

DATE _____ UNIT NO. _____

OWNER NAME _____

OWNER ADDRESS _____

OWNER HOME PHONE _____ BUSINESS PHONE _____

REQUESTED MODIFICATIONS:

Full home generator

Explanation of Modifications:

Please note you must have a licensed contractor install your generator. The contractor will pull the permits required by the Township as well as abide by the required codes for installation. There are two (2) permits that are needed to install full home generators in Commerce Township, a mechanical and electrical. The Township also requires that generators are not to be visible from the street, therefore, generators located on the side of the condo must have a partial enclosed 4 ft vinyl fence of beige color installed around the street facing and side of slab with the back exposed for ventilation. A 4 inch black diamond edge around the outside exterior of the fence and brown mulch border around the slab. Homeowner is responsible for all expenses related to the purchase, installation, permits, and maintenance of the generator. **(Further information is available in the Rules and Regulations 6. AESTHETICS: (p) Generators page 4).**

Details: _____

This work will be performed by:

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

1. Actual construction will be performed by a licensed contractor who is insured. All applicable codes and regulations will be followed and all necessary permits will be obtained at my/our expense.
2. I/we have read all applicable sections of the Bylaws and I/we understand same.
3. All Maintenance of this Alteration/Modification will be performed at my/our expense.

4. I/we understood that, should any legal, regulatory agency require, at any time in the future, modifications to this variance, they will be done at my/or expense
5. Any maintenance costs incurred by the Association, as a result of this variance, will be at my/our expense.
6. This alteration/variance/modification is subject to all the requirements of the Bylaws, occupancy agreements and other applicable regulations at the Board of Directors discretion.
7. I/we understand that it is my/our responsibility to advise future assigns and/or owners of the unit of this modification and of their responsibility for same.
8. All of the above information is truthful and accurate.

NO WORK SHALL COMMENCE UNTIL WRITTEN APPROVAL IS RECEIVED

Date

Signature of Co-owner

Date

Signature of Co-owner

RETURN COMPLETED FORM TO:

**Oakbrook Pointe Association
C/O Leadership Management, Inc
P.O. Box 146
Gaines, MI 48436**

Approved: _____ Not Approved: _____ Board Member: _____
Board Member Signature

Management Company Representative Signature Date: _____