BRENT SCHULTZ, DIRECTOR TELEPHONE: 707-234-6650 FAX: 707-463-5709 FB PHONE: 707-964-5379 FB FAX: 707-961-2427 pbs@mendocinocounty.org www.mendocinocounty.org/pbs

GENERATOR CHECKLIST

(2016 CALIFORNIA BUILDING STANDARDS CODE OF REGULATIONS TITLE 24)

All generators must be inspected to verify code compliance, method of installation, and site placement. *Portable/Temporary Generators that are not connected to the structures permanent wiring system do not require a permit.

(1) Building Permit Application - Form must be filled out completely (see attachment)
(1) Site Plan - Indicating location of generator, transfer switch, raceway(s), fuel/gas piping, and distance to property line (blank site plan attached)
(2) Copies of generator manufacturer's installation instructions/specifications (see attachment)
(2) Copies of transfer switch manufacturer's installation instructions/specifications. (see attachment)
(1) Mendocino County Air Quality (AQMD) approval is needed on all generators 50 HP or greater or for <i>commercial installations</i> . (see attachment from AQMD)
(2) Copies of electrical <i>l</i> plumbing plans, which must include the following:
✓ The brand model KW-output of generator to be installed (this information can be obtained from the

- ✓ The brand, model, KW-output of generator to be installed (this information can be obtained from the generator's installation manual)
- ✓ The brand, model, and specifications of the transfer switch to be utilized (this can be obtained from the switch manufacturer)
- ✓ Location of generator, transfer switch, raceways, and fuel gas piping to/from the unit, surface or material generator will be mounted or placed on
- ✓ Size of conductors and size/material of raceway(s) used
- ✓ Grounding and bonding requirements for separately derived systems
- ✓ Generators are <u>not allowed</u> to be placed in the easement of any property
- ✓ Placement in a hazardous location is also <u>not allowed</u>, maintain required clearances to openings
- ✓ Size dimensions of the generator (length, width, height)
- ✓ If generator is placed inside a structure, it is required to be listed for interior installations- specify exhaust system and ventilation requirements
- ✓ Generators shall be equipped with a disconnect for service of equipment
- ✓ Type of fuel supply for generator
- ✓ Size and type of fuel gas supply piping used



Planning and Building Services

BUILDING PERMIT APPLICATION

Permit #	
Accepted By:	
Date:	
	(Office Use Only)

If Mobile Home, Year:Make:	1850		(Office Use Only)
Project Address:	Only property of	owners, licensed contractors	or agents with written authorization may obtain permits.
Project Address: Proposed Plumbing P	1. RESIDENTIAL	COMMERCIAL	AGRICULTURAL INDUSTRIAL
Project Address: Proposed Plumbing P	그 실 2.	Addition	Remodel/Replace Demolition
Project Address: Proposed Plumbing P	¥ d Single Family Mobile	e Home Grading G	Window Change Reroof w/Sheathing Electrical Other:
Project Address: Proposed Plumbing P	¥ ☐ 2-4 Unit Residential ☐ Manuf		
Project Address:	. 2+ nuit kesidentidi wodni		
Complete scope of work:	Second Residence Found	ation Only Deck/Patio Cover	Reroof Plumbing Occupancy Change
Complete scope of work: Valuation:\$	Project Address:		_APN:
Residential Existing Proposed Grading YES NO Cut (cy) Fill (cy) Slope Area of disturbance (sf) Area of d	Driving Directions:		
Residential Reside	Complete scope of work:		
Residential Living Area Garaqe/Storage Sof Deck Sof Porch Garport Remodel Sof Other: Sof Medical Restaurant Sof Warehouse Sof Other: Sof Starpothouse Sof Retail Sof Sof Starpothouse Sof Retail Sof Sof Starpothouse Sof Sof Retail Sof Sof Starpothouse Sof			Valuation: <u>\$</u>
Residential Living Area sf Living Area of disturbance	<u>Exist</u>	ting Proposed	Grading □ YES □ NO
Garage/Storage sf Deck sf Porch sf Carport sf Remodel sf Other: sf Office sf Retail sf Restaurant sf Restaurant sf Other: sf Carbout sf Restaurant sf Restaurant sf Other: sf Restaurant sf Restaurant sf Other: sf Restaurant sf Retail staural/replace culvert in roadside ditch? Retail replace culvert per poor onter to proper onter per po		,	
□ Deck			Area of disturbance (sf)
Porch			(O-)
Carport			Litilities
Remodel			
Other:			U vveii U Septilo U i ubilo.
Commercial/Industrial Office Medical Retail Restaurant Warehouse Other: Size of Structure: Model: Serial #: Applicant Information: Please check the appropriate box for the primary contact PROPERTY OWNER PROPERTY OWNER OWNER/BUILDER? *Proof of Ownership will be required Property Owner Name: Phone: Address: Construct/ugrade driveway? Construct new road or upgrade an existing approach? Install/replace culvert in roadside ditch? Install/repl	-		Will you or your contractor perform any of the following?
Office		Sī	☐ Construct/upgrade a fence?
Medical			☐ Construct/upgrade driveway?
Retail Sf Install utilities/services in County Right-of-Way? Trim/remove any trees within County Right-of-Way? Trim/remove any trees within County Right-of-Way? Trim/remove any trees within County Right-of-Way? Will not be performing any of the above actions. Are there any other buildings on the site? If so, please describe: Are there any other buildings on the site? If so, please describe: Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Ar	-		☐ Construct new road or upgrade an existing approach?
Restaurant Warehouse Other: Sdricultural Other: Size of Structure: Model: Serial #: Applicant Information: Please check the appropriate box for the primary contact PROPERTY OWNER MRESE MAGENT MOWNER/BUILDER? *Proof of Ownership will be required Property Owner Name: Agent Name: Property Agent Name: Restaurant Sf Trim/remove any trees within County Right-of-Way? Will not be performing any of the above actions. Are there any other buildings on the site? If so, please describe: Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other buildings on the site? If so, please describe: Are there any other adjoining properties owned? If so, list APN's Are there any other buildings on the site? If so, please describe: Are there any other buildings on the site? If so, please describe: Are there any other buildings on the site? If so, please describe: Are there any other buildings on the site? If so, please describe: Are there any other buildings on the site? If so, please describe: Are there any other buildings on the site? If so, please describe: Are there any other buildings on the site? If so, please describe: Are there any other buildings on the site? If so, please describe: Are there any other buildings on the site? If so, please describe: Are there any other buildings on the site? If so, please describe: Are there any other buildings on the site? If so, please describe: Are ther			☐ Install/replace culvert in roadside ditch?
Warehouse	-		☐ Install utilities/services in County Right-of-Way?
Other: Agricultural Other: Signature: Signature: Other: Signature:	-		
Agricultural Other: Size of Structure: Total # of Bedrooms: Existing Proposed If Mobile Home, Year: Model: Serial #: Applicant Information: PROPERTY OWNER OWNER/BUILDER? *Proof of Ownership will be required Property Owner Name: Address: Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's Are there any other adjoining properties owned? If so, list APN's			Will not be performing any of the above actions.
Other: sf Size of Structure: sf Total # of Bedrooms: Existing Proposed If Mobile Home, Year: Make: Model: Serial #: Applicant Information: Please check the appropriate box for the primary contact PROPERTY OWNER AGENT CONTRACTOR OWNER/BUILDER? *Proof of Ownership will be required Property Owner Name: Phone: Email: Address: Address: Phone: Email:		st	Are there any other buildings on the site? If so, please describe:
Size of Structure:sf Total # of Bedrooms:ExistingProposed If Mobile Home, Year:Make: Model:Serial #: Applicant Information: Please check the appropriate box for the primary contact PROPERTY OWNER AGENT CONTRACTOR OWNER/BUILDER? *Proof of Ownership will be required Property Owner Name: Phone: Email: Address: Address: Phone: Email:		_	
Total # of Bedrooms:ExistingProposed Are there any other adjoining properties owned? If so, list APN's Make:			
If Mobile Home, Year:Make:	Size of Structure:	<u>sf</u>	
Applicant Information: Please check the appropriate box for the primary contact PROPERTY OWNER	Total # of Bedrooms:Exis	stingProposed	Are there any other adjoining properties owned? If so, list APN's
Applicant Information: Please check the appropriate box for the primary contact PROPERTY OWNER	If Mobile Home, Year: Mak	ce:	
PROPERTY OWNER	Model: Seri	ial #:	
PROPERTY OWNER	Annlicant Information: Please	check the appropriate by	y for the primary contact
OWNER/BUILDER? *Proof of Ownership will be required Property Owner Name: Email: Address: Agent Name: Phone: Email: Address:		• • •	•
Property Owner Name:Phone:Email:	☐ PROPERTY OWNER	☐ AGENT	☐ CONTRACTOR
Address:Phone:Email:	☐ OWNER/BUILDER? *Pi	roof of Ownership will be	required
Agent Name:Phone:Email: Address:	Property Owner Name:	P	hone:Email:
Address:	Address:		
Address:	Agent Name:	P	hone: Email:
Contractor Name: Phone: Email:			
THOUSE LINGUIS	Contractor Name:	P	hone:Email:
Address:License # & Class:			

Waste Management-Recycling Plan

☐ Yes -I understand that a Construction Waste Management Plan is required for all construction permits of 1,000 sf or more and all demolition permits. 50% diversion of your waste may be required Checklist 3

<u>LICENSED CONTRACTOR DECLARATION</u> : I hereby affirm under penalty of perjury that I am licensed under the provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full
force and effect.
Date: Contractor Signature:
OWNER/BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Section 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).)
☐ I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a licensed Contractor pursuant to the Contractors' State License Law.).
☐ I, as owner of the property, or my employees with wages as their sole compensation, will do (_) all of OR (_) portions of the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.).
☐ I am exempt from licensure under the Contractors' State License Law for the following reason:
By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: http://www.leginfo.ca.gov/calaw.html. Date: Owner Signature:
WORKER S' COMPENSATION DECLARATION: Please read carefully and check the applicable statement below: WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. I hereby affirm under penalty of perjury one of the following declarations:
☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are: CarrierPolicy NoExpiration Date
CarrierPolicy NoExpiration DateName of AgentPhone NumberPhone Number
CONSTRUCTION LENDING AGENCY: I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Civil Code). N/A Lender's Name Lender's Address
By my signature below, I certify to the following: I am (_) a California licensed contractor or (_) the property owner* or (_) authorized to act on the property owner's behalf**. I have read this construction permit application and the information I have provided is correct. I agree to comply with all applicable city and county ordinances and state laws relating to building construction. I authorize representatives of this city or county to enter the above-identified property for inspection purposes.
<u>TIME LIMITATIONS OF APPLICATION:</u> An application for a permit for any proposed work shall be deemed to have been abandoned 1 year after the date of filing, unless a permit has been issued. The destruction of documents may occur 180 days after application expiration date.
Date: SIGNATURE OF APPLICANT:

^{*} Requires Separate Owner Verification

BRENT SCHULTZ, DIRECTOR PHONE: 707-234-6650

Fax: 707-463-5709

FB FAX: 707-961-2427 pbs@mendocinocounty.org www.mendocinocounty.org/PBS

860 NORTH BUSH STREET · UKIAH · CALIFORNIA · 95482 120 WEST FIR STREET · FORT BRAGG · CALIFORNIA · 95437

Plot Plan Requirements

Your application for a building permit must include 1 copy of an 8½" x 11" Plot Plan. (Larger paper size (up to 11x17) may be accepted upon approval). The information shown on the plot plan should be legible, drawn to scale if possible and must show the following:

- Property Owner's Name, Job Address, and Assessor's Parcel Number(s).
- 2. Legal Parcel Configuration clearly shown with all property boundaries, dimensions and acreage (must include all Assessors' Parcel Numbers).
- 3. Adjacent streets both public and private and any access easements.
- 4. Distance from centerline of any public/private roadway to property line.
- 5. North Arrow and scale if applicable.
- 6. Proposed structure or addition including distance from property lines and other structures (i.e. Proposed Single Family Residence, Proposed Garage etc...)
- 7. All Existing structures clearly labeled and distances from property lines (i.e. Existing Garage, Existing Barn etc...)
- 8. Driveways, Parking and Loading areas. Parking space size and setbacks from property lines must be shown for all commercial/industrial parking.
- 9. Existing and proposed septic systems/leach fields and wells, including distances from structures.
- 10. Easements and Utility lines (power, sewer, water, access etc...)
- 11. Fences, retaining walls.
- 12. Lakes, ponds or streams to be identified with names if appropriate. Setbacks from watercourse to proposed project.
- 13. Location of Floodplain/Floodway.
- 14. Location of any Signs and distances to property lines for commercial/industrial uses.

Plot Plans, which may not be acceptable:

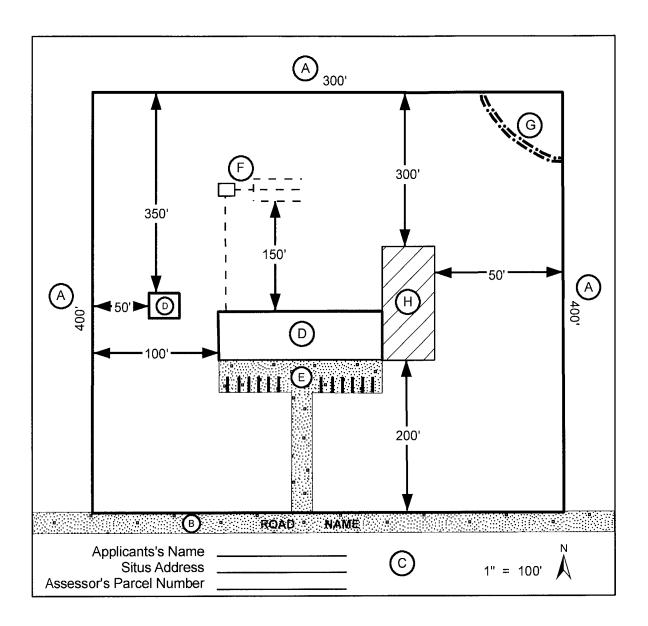
- a. Copies from the CDF application
- b. Portions of larger scaled plot plans
- c. Copies of plot plans used for previously approved building permits (plans which may include whited out areas, previous approval signatures, and illegible notations).

Failure to include any of the required information may result in the rejection of your application, in the delay of processing your building permit application or invalidate your approved building permit.

You may wish to use the Plot Plan Form supplied with your building permit application for your convenience.

See other Side for Sample Plot Plan

SAMPLE PLOT PLAN



- A. Parcel Shape and Dimensions.
- B. Adjacent Streets.
- C. North Arrow and Scale.
- D. Existing Buildings including distance from property lines.
- E. Driveways, Parking and Loading Areas.
- F. Existing and proposed septic system and wells including distances from structures.
- G. Easements and Utility Lines (power, sewer, water, etc.).
- H. Proposed structure or addition including distance from property lines.

PLOT PLAN

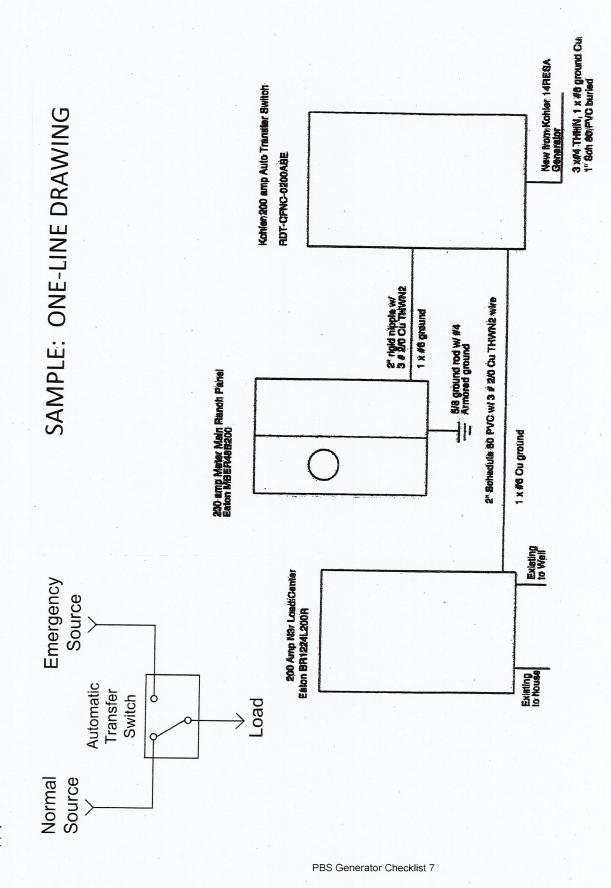
COUNTY
OF
Mendocino

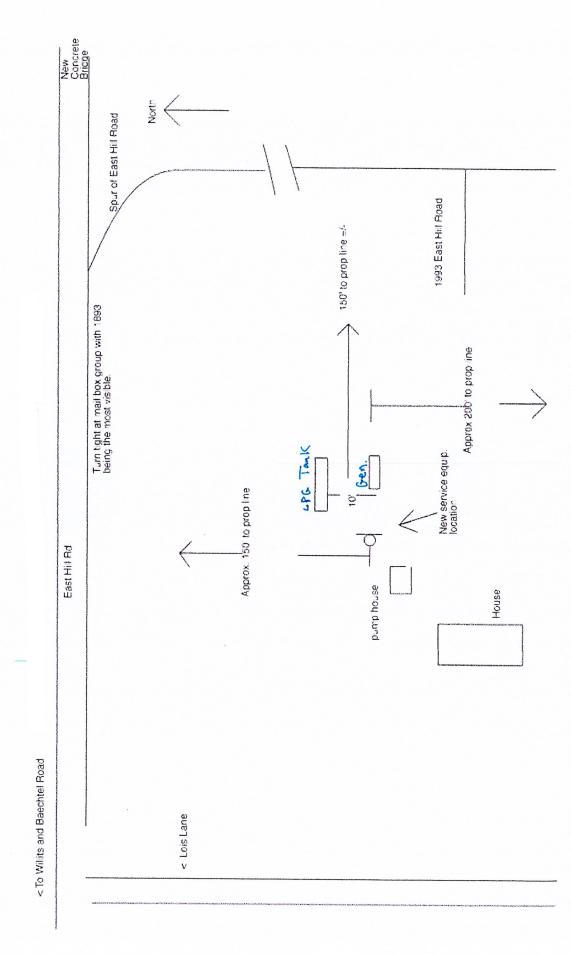
APPLICATION#	;					

Mendocino		
JOB ADDRESS:	CITY OR TOWN:	-
ASSESSOR'S PARCEL #:	PROPERTY OWNER'S NAME:	

SHOW <u>ALL</u> BUILDINGS, STRUCTURES, SEPTIC TANKS AND LEACH FIELDS, WELLS, STREAMS, LAKES, ROADS, STREETS, ALLEYS, RETAINING WALLS FENCES, EASEMENTS, POWER POLES, AND ANY OTHER IMPROVEMENTS AND INDICATE <u>ALL</u> DISTANCES BETWEEN. SPECIFY WHETHER EXISTING OR PROPOSED. INDICATE ORIENTATION WITH A NORTH ARROW.

An automatic transfer switch is defined as "self-acting equipment for transferring one or more load conductor connections from one power source to another". The automatic transfer switch is the most common means of transferring critical loads to the emergency / standby power supply.

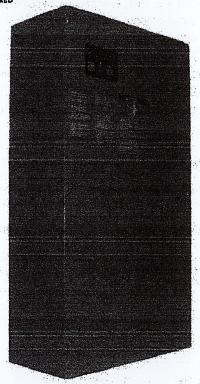




PBS Generator Checklist 10

Automatic Transfer Switch 100-400 Amps





MPAC® 500 Controller Features

- User-friendly interface with easy-to-read international symbols
- Source available and contactor position indicators
- LED indication of system faults
 - Failure to acquire standby source
 - Failure to transfer
 - Auxiliary switch fault
- Common fault contact: latches closed on system faults shown above
- Engine start contact: provides contact closure to start the generator set
- Load control contact: allows 5-minute delay in startup of selected loads
- Test button (with or without load)
- Exercise set button
 - Weekly 20-minute generator set exercise
 - With or without load
- Single-phase voltage sensing on both sources, ±5%
- Line-to-line frequency sensing, ±2%
- Fixed time delays

Standard Features

- UL listed
 - Models with load centers, UL 67 listed, file #E251086
 - Models without load centers, UL 1008 listed, file #E58962
- cUL listed
 - 100 and 200 amp models with load centers, file #E251086
- CSA certification available, file #LR58301 (not applicable to service entrance or load center models)
- 220/240 VAC, 50/60 Hz (selectable)
- 100, 200, and 400 amp models available
- Two-pole, single-phase open-transition transfer switch
- Contactor electrically and mechanically interlocked
- Double throw inherently interlocked design
- Solid neutral
- Contactor manually operable for maintenance purposes
- Silver alloy main contacts
- All models are 100% equipment rated and can be applied at the rated current without derating
- 100 and 200 amp models available with or without prewired Square D type QO load center
 - 100 amp load center models use up to 16 circuit breakers (up to 8 tandem breakers can be used for a maximum of 24 circuits)
 - o 200 amp load center models use up to 24 circuit breakers
 - 200 amp service entrance model with 42-circuit breaker load center is available
- Two enclosures available
 - NEMA Type 1 steel ANSI 49 gray enclosure for indoor installation. 100 amp and 200 amp models without load centers can be recess-mounted between wall studs (not service entrance model)
 - NEMA Type 3R corrosion-resistant aluminum ANSI 49 gray padlockable enclosure. Approved for indoor or outdoor installation
- Five-year limited warranty
- See page 5 for available accessories

Service Entrance Model Features

- 200 and 400 amp service entrance rated automatic transfer switches available
- Service disconnect circuit breaker on the normal (utility) source (80% rated)
- NEMA 3R aluminum ANSI 49 gray enclosure
- · Circuit breaker for generator set battery charger
- See page 5 for available SE model accessories

August 2007

Group Metering & Meter Breakers Meter Breakers

Residential

Meets EUSERC Requirements Service Entrance Devices 100 – 225 Amperes



Meets EUSERC Requirements Service Entrance Devices 100 – 225 Amperes

Product Description

Eaton is proud to introduce a new line of Cutler-Hammer West Coast/EUSERC Meter Breaker units. The new EUSERC devices complement the existing standard meter breaker devices. Customers who are interested in the complete meter breaker line of products can refer to Technical Data TD.31F.01.T.E

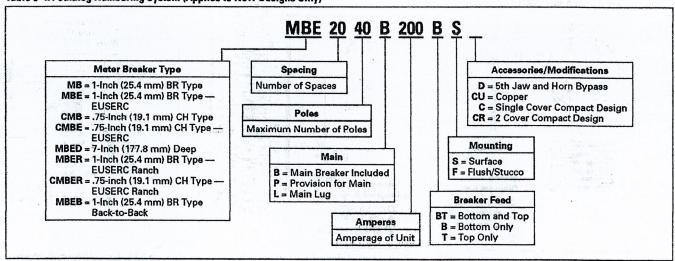
Features, Benefits and Functions

- Single-phase, 3-wire, 120/240 volt, 10,000 AIC.
- Larger 300 kcmil lugs and additional knockouts for ease of installation.
- Box type main lugs are included.
- Factory installed neutrals.
- Hub provisions on top endwall. If hubs are required, order "DS" type hubs.
- Ring type sockets are provided with a sealing ring.
- Padlockable device covers provide an additional measure of security, and help prevent tampering.
- Most units have center keyhole for easy one-person installation.
- Clip-Tight™ socket has reduced connections. This offers fewer hot spots and improves socket integrity.
- NEMA 3R rainproof construction.

SAMPLE ONLY

Product Selection

Table 5-47. Catalog Numbering System (Applies to New Designs Only)



BARBARA A. MOED, PG Air Pollution Control Officer

DONNA M. ROBERTS NASH Air Quality Program Manager



306 East Gobbi Street Ukiah, California 95482 (707) 463-4354 Fax: 463-5707 mcaqmd@mendocinocounty.org www.mendoair.org

Mendocino County Air Quality Management District

Mendocino County Air Quality Management District Advisory Regarding Installation of Emergency Backup Generators

Information regarding new installations emergency backup generators in the event of Public Safety Power Shutoff (PSPS):

Air Quality Permits are required for:

- ✓ Diesel Powered Units 50 Hp or greater, or multiple less than 50 Hp engines totaling 90 Hp or greater when combined;
- ✓ Gasoline, Natural Gas or Propane Powered Units 250 Hp or greater.
- ✓ Engines registered in the state PERP Program will require a permit from the District prior to being installed at a stationary location.

Applications are available on the District's Website at www.mendoair.org or to request an application call the District office at 707/463-4354 or email to MCAOMD@mendocinocounty.org.

Application Information Required:

- A completed Application Cover Sheet; and
- A completed Application; including;
 - o A detailed description of proposed equipment
 - o Attach Engine Tier Certification or CARB Executive Order (Diesel powered engines 50 Hp or greater must meet Particulate Matter (PM) Emissions Standards of 0.20 g/bhp-hr.)
 - o Proposed use; (Emergency Backup Power, Voluntary Off-Grid Power, etc.)
 - o Facility and Process Diagrams, and
 - o Specific location of the equipment on the site.
- Fees are not due at the time of application.

The District will make every effort to process the application within 30 days or less provided all requested information has been submitted. If you have questions please call our office for assistance.

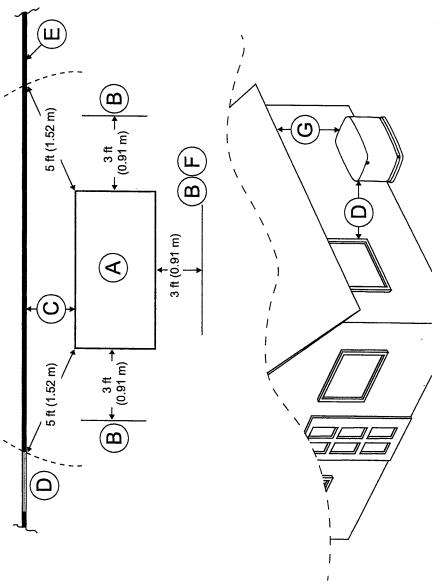


Figure 3-1. Installation Clearances

QI	Description	Comments
4	Top of generator	
В	Front and end clearance	Minimum clear distances cannot include shrubs, bushes, or trees.
O	Rear clearance	18 in (45.7 cm) minimum clearance per NFPA testing, labeling, and listing, unless state or local codes dictate otherwise.
D	Windows and openings	No operable windows, doors, or openings in the wall are permitted within 5 ft (1.52 m) from any point of the generator.
Е	Existing wall	One-hour fire rated walls allow closer placement of the generator set. Confirm before installation.
Н	Removable fence	Removable fence panels for servicing cannot be placed less than 3 ft (0.91 m) in front of the generator.
9	Overhead clearance	5 ft (1.52 m) minimum distance from any structure, overhang, or projections from the wall. DO NOT install under wooden decks or structures unless this distance is maintained.