Caledon Estate
Lee Barns Boulevard Ballito

PO Box 55
Zimbali 4418

Estate Manager Cell: 067 126 8695
Email: manager@caledonestate.co.za
Managing Agent: info@inspiredmanagement.co.za
Caledon Trustees: trustees@caledonestate.co.za

BOGMORE HOMEOWNERS ASSOCIATION
GENERATOR APPLICATION

I, (Full Name) _____

Telephone: H_____C_____W_____

Email Address _____

as the Owner of Property_____Erf NO._____

do hereby request, as a member of BOGMORE HOMEOWNERS ASSOCIATION, to install a generator:

Description:

_____

_____

_____

I, and all contractors appointed, shall adhere to the Conduct Rules of the Bogmore Homeowners Association as well as the Architectural and Building Code provided by the Association.

I agree to pay a fee, to be charged on my levy statement for the following amount of R100 for the application.

IF I DO NOT COMPLY WITH THE FOLLWING RULES THE BOGMORE HOMEOWNERS ASSOCIATION RESERVES THE RIGHT, AT THEIR DISCRETION, TO ISSUE ME WITH A FINE TO BE CHARGED TO MY MONTHLY LEVY ACCOUNT.

Generator Installation Compliance Guidelines

1. HOA Committee Approval: All generator installations require prior written consent from the HOA Committee. This approval is contingent on implementing noise-reducing measures or appropriate installation methods. Stand-alone generators are not permitted on the estate without prior written consent from the HOA Committee.
2. Generator runtime: Generators may only be run during power outages from 07H00 to 20H00.
3. Generator type: Maximum size allowed is 8Kva and should be the silent inverter type.
4. Fire Extinguisher: A 4.5 Kg fire extinguisher must be located within 5 to 10 meters of the generator and be easily accessible.
5. Fuel Storage: Fuel is to be stored in a SABS approved jerry can and no more than 5L may be stored on the property.
6. Backfeed generator: A generator cannot be plugged into a plug and backfeed to the house this is very dangerous and not permitted.
7. Stand Alone Mode: If a generator is used in standalone mode and an extension is used to only plug in essential items directly to it like a fridge or lamps this is permitted, they must be connected directly to the generator. Use heavy-duty, outdoor specific extension cords if connecting appliances directly to the generator. Ensure all connections are secure and protected from moisture.

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8. **Compliant connection to house:** The connection must be done by a qualified electrician and wired through a changeover to the DB board with the circuits split accordingly. Correct size cabling must be used between generator and supply. Must have a welding plug or similar. Must have breaker size fitted according to generator specifications. Installation must have a COC issued by an electrician and submitted to the Estate Manager.
9. **Ventilation:** Ensure the generator is in a well-ventilated area to avoid carbon monoxide poisoning. Be mindful of placement to avoid carbon monoxide being blown over fences to neighbouring properties.
10. **Installation:** It is the homeowners' responsibility to ensure that the connection to the generator is done in a safe and compliant manner. If not connected safely it could be dangerous for utility power workers and your home's electrical system.
11. **Inspection:** The Estate Manager will conduct an on-site inspection within 2 weeks of the COC being issued, to ensure compliance with the above rules and conditions.

NOMINATED CONTRACTOR

Company: _____

Contact Person: _____

Telephone: _____

Email Address: _____

NHBRC No: _____

Acknowledgment of Generator Installation Compliance Guidelines by Owner and Contractor.

SIGNED AT_____THIS_____DAY OF_____20_____

FULL NAME OF OWNER_____

SIGNATURE OF OWNER_____

SIGNED AT_____THIS_____DAY OF_____20_____

FULL NAME OF CONTRACTOR_____

SIGNATURE OF CONTRACTOR_____

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BOGMORE
HOMEOWNERS ASSOCIATION

Member Full Name: _____

Unit Nr:_____Stand Nr (Unit No. is sufficient): _____

I agree that I have been presented with a written description and/or sketch plans of the planned installation and that I have evaluated them in the interest of the estate as described in the BHOA Architectural Rules and Conduct Rules.

Tick relevant box

YES ☐ NO ☐ Signature: _____

APPROVAL WITH THE
PROPOSED INSTALALTION

Tick relevant box

Approved: ☐ Signature:_____Date:_____

Approved with reservations: ☐ Signature:_____Date:_____

Not Approved: ☐ Signature:_____Date:_____

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RESERVATION WITH THE PROPOSED INSTALALTION

Members comments and recommendations: _____

_____

_____

_____

Name:_____ Date:_____ Signature: _____

Members comments and recommendations: _____

_____

_____

_____

Name:_____ Date:_____ Signature: _____

Members comments and recommendations: _____

_____

_____

_____

Name:_____ Date:_____ Signature: _____