



**Town of North Castle
Residential Project Review Committee**

17 Bedford Road Armonk, New York 10504
(914) 273-3542 (914) 273-3554 (fax)

RPRC COMPLETENESS REVIEW FORM

This form represents the standard requirements for a completeness review for all Residential Project Review Committee submissions. Failure to provide all of the information requested will result in a determination that the application is incomplete.

Project Name on Plan:

Greenwich Power Systems / Michael Cardoso / Justin Karp
 Initial Submittal Revised Preliminary

Street Location:

1 Hillview Ct, Armonk NY

Zoning District: _____ Property Acreage: _____ Tax Map Parcel ID: _____

Date: _____

DEPARTMENTAL USE ONLY

Date Filed: _____ Staff Name: _____

Preliminary Plan Completeness Review Checklist

Items marked with a are complete, items left blank are incomplete and must be completed, "NA" means not applicable.

- 1. Plan prepared by a registered architect or professional engineer
- 2. Aerial photo (Google Earth) showing the applicant's entire property and adjacent properties and streets
- 3. Map showing the applicant's entire property and adjacent properties and streets
- 4. A locator map at a convenient scale
- 5. The proposed location, use and design of all buildings and structures
- 6. Existing topography and proposed grade elevations
- 7. Location of drives
- 8. Location of all existing and proposed site improvements, including drains, culverts, retaining walls and fences

RPRC COMPLETENESS REVIEW FORM

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- 9. Description of method of water supply and sewage disposal and location of such facilities
- 10. The name and address of the applicant, property owner(s) if other than the applicant and of the planner, engineer, architect, surveyor and/or other professionals engaged to work
- 11. Submission of a Zoning Conformance Table depicting the plan's compliance with the minimum requirements of the Zoning District
- 12. If a tree removal permit is being sought, submission of a plan depicting the location and graphical removal status of all Town-regulated trees within the proposed area of disturbance. In addition, the tree plan shall be accompanied by a tree inventory includes a unique ID number, the species, size, health condition and removal status of each tree.
- 13. If a wetlands permit is being sought, identification of the wetland and the 100-foot wetland buffer.

More information about the items required herein can be obtained from the North Castle Planning Department. A copy of the Town Code can be obtained from Town Clerk or on the North Castle homepage: <http://www.northcastleny.com/townhall.html>

_____ On this date, all items necessary for a technical review of the proposed site plan have been submitted and constitute a COMPLETE APPLICATION.



TOWN OF NORTH CASTLE
 WESTCHESTER COUNTY
 17 Bedford Road
 Armonk, New York 10504-1898

PLANNING DEPARTMENT
 Adam R. Kaufman, AICP
 Director of Planning

Telephone: (914) 273-3542
 Fax: (914) 273-3554
www.northcastleny.com

GROSS LAND COVERAGE CALCULATIONS WORKSHEET

Application Name or Identifying Title: CIPD / Michael CARPOSA Date: 10/10/2020

Tax Map Designation or Proposed Lot No.: _____

Gross Lot Coverage

1. Total lot Area (Net Lot Area for Lots Created After 12/13/06): _____
2. Maximum permitted gross land coverage (per Section 355-26.C(1)(b)): _____
3. BONUS maximum gross land cover (per Section 355-26.C(1)(b)):
 Distance principal home is beyond minimum front yard setback
 _____ x 10 = _____
4. TOTAL Maximum Permitted gross land coverage = Sum of lines 2 and 3 _____
5. Amount of lot area covered by principal building:
 _____ existing + _____ proposed = _____
6. Amount of lot area covered by accessory buildings:
 _____ existing + _____ proposed = 11,253 sq FT
7. Amount of lot area covered by decks:
 _____ existing + _____ proposed = _____
8. Amount of lot area covered by porches:
 _____ existing + _____ proposed = _____
9. Amount of lot area covered by driveway, parking areas and walkways:
 _____ existing + _____ proposed = _____
10. Amount of lot area covered by terraces:
 _____ existing + _____ proposed = _____
11. Amount of lot area covered by tennis court, pool and mechanical equip:
 _____ existing + _____ proposed = _____
12. Amount of lot area covered by all other structures:
 _____ existing + _____ proposed = _____
13. Proposed gross land coverage: Total of Lines 5 – 12 = _____

If Line 13 is less than or equal to Line 4, your proposal complies with the Town's maximum gross land coverage regulations and the project may proceed to the Residential Project Review Committee for review. If Line 13 is greater than Line 4 your proposal does not comply with the Town's regulations.

Signature and Seal of Professional Preparing Worksheet _____

Date _____



TOWN OF NORTH CASTLE
WESTCHESTER COUNTY
17 Bedford Road
Armonk, New York 10504-1898

PLANNING DEPARTMENT
Adam R. Kaufman, AICP
Director of Planning

January 29, 2019
Telephone: (914) 273-3542
Fax: (914) 273-3554
www.northcastleny.com

N/A

FLOOR AREA CALCULATIONS WORKSHEET

Application Name or Identifying Title: _____ Date: _____

Tax Map Designation or Proposed Lot No.: _____

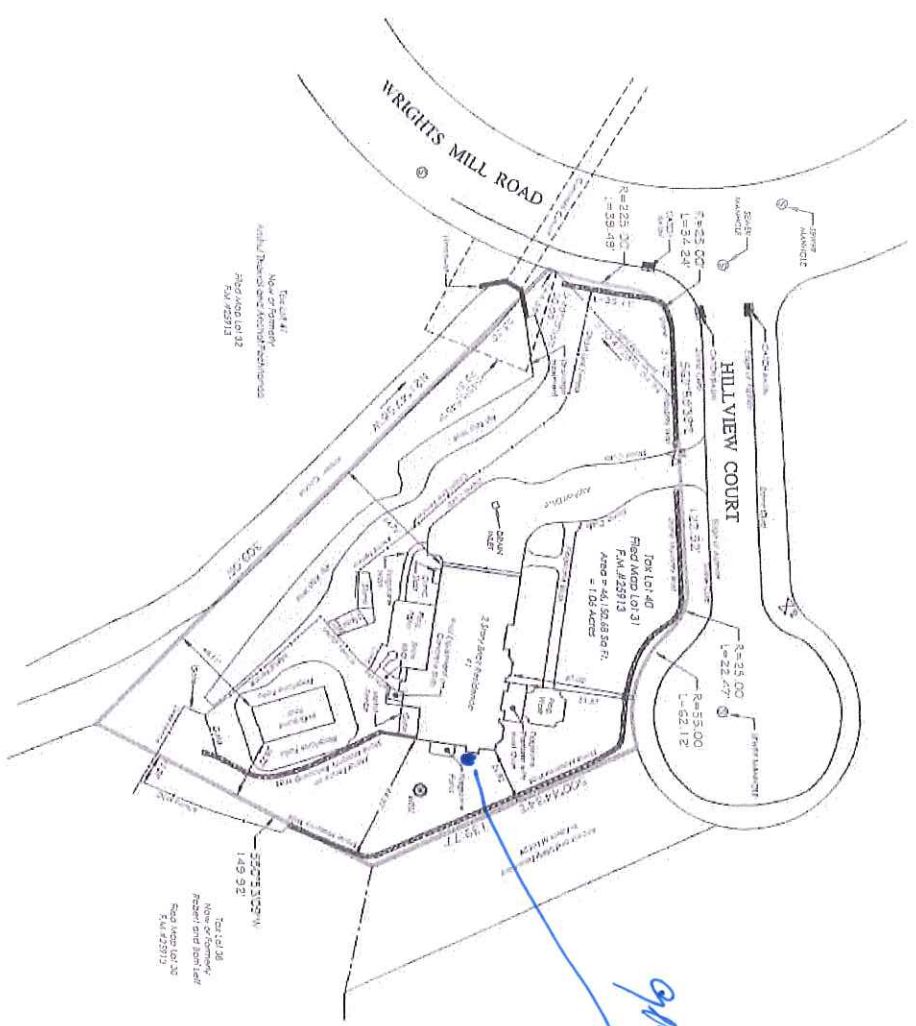
Floor Area

1. Total Lot Area (Net Lot Area for Lots Created After 12/13/06): _____
2. Maximum permitted floor area (per Section 355-26.B(4)): _____
3. Amount of floor area contained within first floor:
- _____ existing + _____ proposed = _____
4. Amount of floor area contained within second floor:
- _____ existing + _____ proposed = _____
5. Amount of floor area contained within garage:
- _____ existing + _____ proposed = _____
6. Amount of floor area contained within porches capable of being enclosed:
- _____ existing + _____ proposed = _____
7. Amount of floor area contained within basement (if applicable – see definition):
- _____ existing + _____ proposed = _____
8. Amount of floor area contained within attic (if applicable – see definition):
- _____ existing + _____ proposed = _____
9. Amount of floor area contained within all accessory buildings:
- _____ existing + _____ proposed = _____
10. Proposed floor area: Total of Lines 3 – 9 = _____

If Line 10 is less than or equal to Line 2, your proposal **complies** with the Town's maximum floor area regulations and the project may proceed to the Residential Project Review Committee for review. If Line 10 is greater than Line 2 your proposal does not comply with the Town's regulations.

Signature and Seal of Professional Preparing Worksheet

Date



quarantile

Only copies from the original of this survey marked with an original of the Land Surveyors embossed seal shall be considered to be true, valid copies.

Seal certificates shall run only to the person for whom this survey is prepared and on their behalf to the title company, governmental agency and lending, real estate and other parties. Certificates are not transferable to additional claimants or subsequent owners.

Unauthorized alteration or addition to a survey map bearing a Licensed Land Surveyors seal is a violation of Section 2309, Subdivision 2 of the New York State Education Law.

Possession only where indicated.

Affluent property lines and easements not surveyed or certified. Access to adjacent rights of way, easements and public or private lands not guaranteed or certified.

Underground utilities shown hereon are approximate and should be verified before excavating. Additional underground utilities are not shown or certified. Encroachments and structures below grade, if any, not shown or certified. Subject to covenants, easements, restrictions, conditions and agreements of record.

Premises hereon being Lot 21 as shown on a certain map entitled, "Amended Final Subdivision Plat Required for Strada Mill Subdivision" and as shown on a certain map entitled, "Final Plat of the Town of North Castle, New York, as shown on a certain map entitled, "Land Records" April 7, 1997 as map number 25913.

Surveyed in accordance with Deed Control Number 401450974

Premises shown hereon designated on the Town of North Castle Tax Maps as: 101 02, Block 1, Lot 40

Property Address: 1 Hillview Court
Amanca, NY 10594

**SURVEY OF PROPERTY
JUSTIN KARP
AND
AMANDA KARP
SITUATE IN THE
TOWN OF NORTH CASTLE
WESTCHESTER COUNTY, NEW YORK**



Surveyed: March 3, 2007
Map Prepared: April 20, 2007
Reference Under Construction: Survey Map 26, 2000
Map Filed: April 16, 2007
Map Rec'd: August 3, 2001 to show certification
Map Revised: September 22, 2017 to show updates and certification

By: *[Signature]*
New York State Licensed Land Surveyor No. 25000047

Project: SANDS	Field Survey By:
Lot: 21	RCC/R
Drawing No: DMLB/C	Checked By:
	DML

TC MERRITT'S LAND SURVEYORS

394 BEDFORD ROAD • PLEASANTVILLE • NY 10570
(914) 769-8003 • (203) 622-8899



Certified To:
Justin Karp and Amanda Karp
Pleasantville Abstract Co., Inc.
First American Title Insurance Company
File Number: 478-012851P

COPYRIGHT © 2017
TC MERRITT'S LAND SURVEYORS
44-BLANKENHORN ROAD, LITTLETON, COLORADO 80120
REGISTERED PROFESSIONAL SURVEYORS
1511 SHAWNEE DRIVE, WESTMINSTER, COLORADO 80057



Town of North Castle Building Department

17 Bedford Road

Armonk, New York 10504-1898

Telephone: (914) 273-3000 ext. 44 Fax: (914) 273-3554

www.northcastleny.com

Residential Building Permit Application

NOTE: TWO (2) SETS OF ALL REQUIRED DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION

Section I- PROJECT ADDRESS: 1 Hillview Ct, Armonk, NY 10504 DATE: 9/11/2020

Section II- CONTACT INFORMATION: (Please print clearly. All information must be current.)

APPLICANT: Michael Cardosa - Greenwich Power Systems

ADDRESS: 209 River Road Ext, Cos Cob, CT 06807

PHONE: 203-698-9428 MOBILE: 917-553-3220 EMAIL: michael@greenwichpowersystems.com

PROPERTY OWNER: Justin Karp

ADDRESS: 1 Hillview CT, Armonk, NY 10504

PHONE: _____ MOBILE: 914.830.8014 EMAIL: justin.karp@gmail.com

Section III- DESCRIPTION OF WORK: (Any work conducted outside of the house requires approval from the RPRC unless the proposed action is minor in nature and complies with 355-26 C (3) of the Town of North Castle code.)

Install new Generac 24kW generator fueled by natural gas, placed on left side of home.

Section IV- USE AND OCCUPANCY:

EXISTING/ CURRENT USE: one family dwelling

PROPOSED RESIDENTIAL:

- One Family Dwelling
 Two Family Dwelling
 Townhouse
 Detached Accessory Structure

Section V- PERMIT FEES: (\$100 app fee plus \$14 per \$1000, cost of construction and a \$75 CO fee.)

ESTIMATED COST OF CONSTRUCTION (Based on fair market value labor & material) \$ 15540

AFFIDAVIT OF CONSTRUCTION COST: This affidavit must be completed by the Design Professional if the estimated cost is \$20,000 or more.

Town of North Castle Building Department

Section V- (Continued)

I _____ do hereby affirm and certify as follows: (i) I am the architect/engineer (circle one) licensed by the State of New York; (ii) I have reviewed the plans, drawings and specifications for this application and am fully familiar with the proposed construction; (iii) based on my experience, I estimate the total cost of construction including all labor, all materials, all professional fees and all associated costs to be approximately \$ _____, and (iv) pursuant to Penal Law 210.45, I acknowledge that a false statement made knowingly is a Class A misdemeanor.

Signature: _____ Date: _____

Sign and Affix Seal Here

Section VI- CONTACT INFORMATION: (Please print clearly. All information must be current)

ARCHITECT/ ENG: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____

EMAIL: _____

CONTRACTOR: Michael Cardosa-Greenwich Power Systems

ADDRESS: 209 River Road Ext, Cos Cob, CT 06807

PHONE: 203-698-9428 MOBILE: 917-553-3220 EMAIL: michael@greenwichpowersystems.com

PLUMBER: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

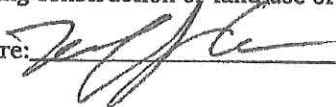
ELECTRICIAN: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

Section VII- APPLICANT CERTIFICATION

I hereby certify that I have read the instructions & examined this application and know the same to be true & correct. All provisions of laws & ordinances covering this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or land use or the performance of construction.

Signature:  Date: 9/11/2020

Town of North Castle Building Department

Section VIII- AFFIDAVIT OF OWNER AUTHORIZATION IF APPLICABLE: (To be notarized)

STATE OF NEW YORK }
COUNTY OF WESTCHESTER } SS:

The applicant Michael Cardosa-GPS has proper consent from said owner to make this application as submitted and said owner agrees to all terms and conditions placed upon same.

Owner's Name (PRINT) Justin Karp Owner's Signature X [Signature]

Sworn to before me this _____ day of _____, 20_____

Notary Signature _____

no notary, covid-19

Notary Stamp Here

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Zone: _____ Section: _____ Block: _____ Lot: _____

Building Department Checklist:

Does this permit require RPRC approval? Yes No

GC License Work. Comp. Liability. Ins. Disability Two sets of documents

Permit Fee _____ Payment: Check #: _____ Cash Credit Card

Name on check: _____

Received By: _____ Application No.: _____

BUILDING INSPECTOR APPROVAL

Has all the conditions of the RPRC been met? Yes NA

Is a Flood Development permit required? Yes No

Reviewed By: _____ Date: _____

Building Inspector Approval: _____ Date: _____

Conditions: _____

Town of North Castle Building Department

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

BUILDING INSPECTOR APPROVAL

Zone: _____ Section: _____ Block: _____ Lot: _____

Is there wetlands involved? Yes No Is there steep slopes involved? Yes No

Did the house exist prior to May 14, 2007? Yes No

Reviewed By: _____ Date: _____

Approved Denied

Building Inspector Signature: _____ Date: _____

Building Permit No.: _____

Conditions: _____

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only) Greenwich Power Systems, LLC 209 River Road Extension Cos Cob, CT 06807</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 203-900-1122</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 46-2283792</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Town of North Castle Building Department 17 Bedford Street Armonk, NY 10504</p>	<p>3a. Name of Insurance Carrier Selective Insurance Company of South Carolina</p> <p>3b. Policy Number of entity listed in box "1a" WC 9080870</p> <p>3c. Policy effective period 04/05/20 – 04/05/21</p> <p>3d. The Proprietor, Partners or Executive Officers are included. (Only check box if all partners/officers included) <input checked="" type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Patrick B. McKiernan
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Patrick B. McKiernan 9/28/20
(Signature) (Date)

Title: Secretary

Telephone Number of authorized representative or licensed agent of insurance carrier: 203-655-7468

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.



CERTIFICATE OF INSURANCE COVERAGE
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only)
GREENWICH POWER SYSTEMS LLC
209 RIVER ROAD EXT
COS COB, CT 06807-2543
1b. Business Telephone Number of Insured (203) 223-0634
1c. Federal Employer Identification Number of Insured or Social Security Number
462283792

2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)
TOWN OF NORTH CASTLE
7 BEDFORD ROAD
ARMONK, NY 10504
3a. Name of Insurance Carrier
New York State Insurance Fund (NYSIF)
3b. Policy Number of Entity Listed in Box "1a"
DBL 6666 89 - 6
3c. Policy effective period
09/03/2020 to 09/03/2021

4. Policy provides the following benefits:
[X] A. Both disability and paid family leave benefits
[] B. Disability benefits only
[] C. Paid family leave benefits only
5. Policy covers:
[X] A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law
[] B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 10/5/2020 By [Signature]
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (866) 697-4332 Name and Title Melissa Jensen, Director of Disability Insurance Unit

IMPORTANT: If Box 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

State of New York
Workers' Compensation Board
According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.
Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)
Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in box "3" on this form is certifying that it is insuring the business referenced in box "1a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Worker's Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or paid family leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits, and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.

20/22/24 kW

GENERAC®

GUARDIAN® SERIES
Residential Standby Generators
Air-Cooled Gas Engine

20/22/24 kW

1 of

INCLUDES:

- True Power™ Electrical Technology
- Two-line multilingual digital LCD Evolution™ controller (English/Spanish/French/Portuguese)
- 200 amp service rated transfer switch available
- Electronic governor
- Standard Wi-Fi® connectivity
- System status & maintenance interval LED indicators
- Sound attenuated enclosure
- Flexible fuel line connector
- Natural gas or LP gas operation
- 5 Year limited warranty
- Listed and labeled by the Southwest Research Institute allowing installation as close as 18 in (457 mm) to a structure.*
*Must be located away from doors, windows, and fresh air intakes and in accordance with local codes.

https://assets.swri.org/library/DirectoryOfListedProducts/ConstructionIndustry973_DoC_204_13204-01-01_Rev9.pdf

Standby Power Rating

G007038-1, G007039-1, G007038-3, G007039-3 (Aluminum - Bisque) - 20 kW 60 Hz
G007042-2, G007043-2, G007042-3, G007043-3 (Aluminum - Bisque) - 22 kW 60 Hz
G007209-0, G007210-0 (Aluminum - Bisque) - 24 kW 60 Hz



QUIET-TEST™



Note: CETL or CUL certification only applies to unbundled units and units packaged with limited circuit switches. Units packaged with the Smart Switch are ETL or UL certified in the USA only.

FEATURES

- **INNOVATIVE ENGINE DESIGN & RIGOROUS TESTING** are at the heart of Generac's success in providing the most reliable generators possible. Generac's G-Force engine lineup offers added peace of mind and reliability for when it's needed the most. The G-Force series engines are purpose built and designed to handle the rigors of extended run times in high temperatures and extreme operating conditions.
- **TRUE POWER™ ELECTRICAL TECHNOLOGY:** Superior harmonics and sine wave form produce less than 5% Total Harmonic Distortion for utility quality power. This allows confident operation of sensitive electronic equipment and micro-chip based appliances, such as variable speed HVAC systems.
- **TEST CRITERIA:**
 - ✓ **PROTOTYPE TESTED**
 - ✓ **SYSTEM TORSIONAL TESTED**
 - ✓ **NEMA MG1-22 EVALUATION**
 - ✓ **MOTOR STARTING ABILITY**
- **MOBILE LINK® CONNECTIVITY:** FREE with select Guardian Series Home standby generators, Mobile Link Wi-Fi allows users to monitor generator status from anywhere in the world using a smartphone, tablet, or PC. Easily access information such as the current operating status and maintenance alerts. Users can connect an account to an authorized service dealer for fast, friendly, and proactive service. With Mobile Link, users are taken care of before the next power outage.
- **SOLID-STATE, FREQUENCY COMPENSATED VOLTAGE REGULATION:** This state-of-the-art power maximizing regulation system is standard on all Generac models. It provides optimized FAST RESPONSE to changing load conditions and MAXIMUM MOTOR STARTING CAPABILITY by electronically torque-matching the surge loads to the engine. Digital voltage regulation at ±1%.
- **SINGLE SOURCE SERVICE RESPONSE** from Generac's extensive dealer network provides parts and service know-how for the entire unit, from the engine to the smallest electronic component.
- **GENERAC TRANSFER SWITCHES:** Long life and reliability are synonymous with GENERAC POWER SYSTEMS. One reason for this confidence is that the GENERAC product line is offered with its own transfer systems and controls for total system compatibility.
- **PWRVIEW™ TRANSFER SWITCH:** The Generac PWRview Automatic Transfer Switch integrates the PWRview energy monitor to provide real-time energy consumption data that can help lower a home's electricity bill. Using a convenient mobile app, homeowners can access energy usage and alert information while under utility power or generator power. The PWRview energy monitor is a simple to use and low cost tool which helps save money over the life of the generator. Included with model G007210-0.

THE GENERAC PROMISE



GENERAC®

PWRVIEW

*Always follow local codes and regulations.

20/22/24 kW

20/22/24 kW
of 6

Engine

- Generac G-Force design
- "Spiny-lok" cast iron cylinder walls
- Electronic ignition/spark advance
- Full pressure lubrication system
- Low oil pressure shutdown system
- High temperature shutdown

Maximizes engine "breathing" for increased fuel efficiency. Plateau honed cylinder walls and plasma moly rings help the engine run cooler, reducing oil consumption and resulting in longer engine life.

Rigid construction and added durability provide long engine life.

These features combine to assure smooth, quick starting every time.

Pressurized lubrication to all vital bearings means better performance, less maintenance, and longer engine life. Now featuring up to a 2 year/200 hour oil change interval.

Shutdown protection prevents catastrophic engine damage due to low oil.

Prevents damage due to overheating.

Generator

- Revolving field
- Skewed stator
- Displaced phase excitation
- Automatic voltage regulation
- UL 2200 listed

Allows for a smaller, light weight unit that operates 25% more efficiently than a revolving armature generator.

Produces a smooth output waveform for compatibility with electronic equipment.

Maximizes motor starting capability.

Regulating output voltage to $\pm 1\%$ prevents damaging voltage spikes.

For your safety.

Transfer Switch (if applicable)

- Fully automatic
- NEMA 3R
- Integrated load management technology
- Remote mounting

Transfers vital electrical loads to the energized source of power.

Can be installed inside or outside for maximum flexibility.

Capability to manage additional loads for efficient power management.

Mounts near an existing distribution panel for simple, low-cost installation.

PWRview Transfer Switch (if applicable)

- PWRview energy monitor
- Ability to view real-time energy consumption data
- PWRview mobile app

Energy usage at-a-glance.

Better understand the home's energy profile.

Access daily energy intelligence and insights.

Evolution™ Controls

- AUTO/MANUAL/OFF illuminated buttons
- Two-line multilingual LCD
- Sealed, raised buttons
- Utility voltage sensing
- Generator voltage sensing
- Utility interrupt delay
- Engine warm-up
- Engine cool-down
- Programmable exercise
- Smart battery charger
- Main line circuit breaker
- Electronic governor

Selects the operating mode and provides easy, at-a-glance status indication in any condition.

Provides homeowners easily visible logs of history, maintenance, and events up to 50 occurrences.

Smooth, weather-resistant user interface for programming and operations.

Constantly monitors utility voltage, setpoints 65% dropout, 80% pick-up, of standard voltage.

Constantly monitors generator voltage to verify the cleanest power delivered to the home.

Prevents nuisance start-ups of the engine, adjustable 2-1500 seconds from the factory default setting of 5 seconds by a qualified dealer.

Verifies engine is ready to assume the load, setpoint approximately 5 seconds.

Allows engine to cool prior to shutdown, setpoint approximately 1 minute.

Operates engine to prevent oil seal drying and damage between power outages by running the generator for 5 minutes every other week. Also offers a selectable setting for weekly or monthly operation providing flexibility and potentially lower fuel costs to the owner.

Delivers charge to the battery only when needed at varying rates depending on outdoor air temperature.

Compatible with lead acid and AGM-style batteries.

Protects generator from overload.

Maintains constant 60 Hz frequency.

20/22/24 kW

Unit

- SAE weather protective enclosure
- Enclosed critical grade muffler
- Small, compact, attractive

Sound attenuated enclosures ensure quiet operation and protection against mother nature, withstanding winds up to 150 mph (241 km/h). Hinged key locking roof panel for security. Lift-out front for easy access to all routine maintenance items. Electrostatically applied textured epoxy paint for added durability.

Quiet, critical grade muffler is mounted inside the unit to prevent injuries.

Makes for an easy, eye appealing installation, as close as 18 in (457 mm) away from a structure.

Installation System

- 14 in (35.6 cm) flexible fuel line connector
- Integral sediment trap

Listed ANSI Z21.75/CSA 6.27 outdoor appliance connector for the required connection to the gas supply piping.

Meets IFGC and NFPA 54 installation requirements.

Connectivity (Wi-Fi equipped models only)

- Ability to view generator status
- Ability to view generator Exercise/Run and Total Hours
- Ability to view generator maintenance information
- Monthly report with previous month's activity
- Ability to view generator battery information
- Weather information

Monitor generator with a smartphone, tablet, or computer at any time via the Mobile Link application for complete peace of mind.

Review the generator's complete protection profile for exercise hours and total hours.

Provides maintenance information for the specific model generator when scheduled maintenance is due.

Detailed monthly reports provide historical generator information.

Built in battery diagnostics displaying current state of the battery.

Provides detailed local ambient weather conditions for generator location.

20/22/24 kW

20/22/24 kW
of 6

Generator

Model	G007038-1 G007039-1 (20 kW)	G007042-2 G007043-2 (22 kW)	G007038-3 G007039-3 (20 kW)	G007042-3 G007043-3 (22 kW)	G007209-0 G007210-0 (24 kW)
Rated maximum continuous power capacity (LP)	20,000 Watts*	22,000 Watts*	20,000 Watts*	22,000 Watts*	24,000 Watts*
Rated maximum continuous power capacity (NG)	18,000 Watts*	19,500 Watts*	18,000 Watts*	19,500 Watts*	21,000 Watts*
Rated voltage	240				
Rated maximum continuous load current – 240 volts (LP/NG)	83.3 / 75.0	91.7 / 81.3	83.3 / 75.0	91.7 / 81.3	100 / 87.5
Total Harmonic Distortion	Less than 5%				
Main line circuit breaker	90 amp	100 amp	90 amp	100 amp	100 amp
Phase	1				
Number of rotor poles	2				
Rated AC frequency	60 Hz				
Power factor	1.0				
Battery requirement (not included)	12 Volts, Group 26R 540 CCA minimum or Group 35AGM 650 CCA minimum				
Unit weight (lb / kg)	448 / 203	466 / 211	436 / 198	445 / 202	455 / 206
Dimensions (L x W x H) in / cm	48 x 25 x 29 / 121.9 x 63.5 x 73.7				
Sound output in dB(A) at 23 ft (7 m) with generator operating at normal load**	67	67	67	67	67
Sound output in dB(A) at 23 ft (7 m) with generator in Quiet-Test™ low-speed exercise mode**	55	57	55	57	57
Exercise duration	5 min				

Engine

Engine type	GENERAC G-Force 1000 Series				
Number of cylinders	2				
Displacement	999 cc				
Cylinder block	Aluminum w/ cast iron sleeve				
Valve arrangement	Overhead valve				
Ignition system	Solid-state w/ magneto				
Governor system	Electronic				
Compression ratio	9.5:1				
Starter	12 VDC				
Oil capacity including filler	Approx. 1.9 qt / 1.8 L				
Operating rpm	3,600				
Fuel consumption					
Natural gas	ft ³ /hr (m ³ /hr)				
1/2 Load	204 (5.78)	228 (6.46)	164 (4.64)	203 (5.75)	
Full Load	301 (8.52)	327 (9.26)	287 (8.13)	306 (8.66)	
Liquid propane	ft ³ /hr (gal/hr) [L/hr]				
1/2 Load	87 (2.37) [8.99]	92 (2.53) [9.57]	86 (2.36) [8.95]	92 (2.53) [9.57]	
Full Load	130 (3.56) [13.48]	142 (3.90) [14.77]	136 (3.74) [14.15]	142 (3.90) [14.77]	

Note: **Fuel pipe must be sized for full load.** Required fuel pressure to generator fuel inlet at all load ranges - 3.5–7 in water column (0.87–1.74 kPa) for NG, 10–12 in water column (2.49–2.99 kPa) for LP gas. For BTU content, multiply ft³/hr x 2500 (LP) or ft³/hr x 1000 (NG). For Megajoule content, multiply m³/hr x 93.15 (LP) or m³/hr x 37.26 (NG).

Controls

Two-line plain text multilingual LCD	Simple user interface for ease of operation.
Mode buttons: AUTO	Automatic start on utility failure. Weekly, Bi-weekly, or Monthly selectable exerciser.
MANUAL	Start with starter control, unit stays on. If utility fails, transfer to load takes place.
OFF	Stops unit. Power is removed. Control and charger still operate.
Ready to Run/Maintenance messages	Standard
Engine run hours indication	Standard
Programmable start delay between 2–1500 seconds	Standard (programmable by dealer only)
Utility Voltage Loss/Return to Utility adjustable (brownout setting)	From 140-171 V / 190-216 V
Future Set Capable Exerciser/Exercise Set Error warning	Standard
Run/Alarm/Maintenance logs	50 events each
Engine start sequence	Cyclic cranking: 16 sec on, 7 rest (90 sec maximum duration).
Starter lock-out	Starter cannot re-engage until 5 sec after engine has stopped.
Smart Battery Charger	Standard
Charger Fault/Missing AC warning	Standard
Low Battery/Battery Problem Protection and Battery Condition indication	Standard
Automatic Voltage Regulation with Over and Under Voltage Protection	Standard
Under-Frequency/Overload/Stepper Overcurrent Protection	Standard
Safety Fused/Fuse Problem Protection	Standard
Automatic Low Oil Pressure/High Oil Temperature Shutdown	Standard
Overcrank/Overspeed (@ 72 Hz)/rpm Sense Loss Shutdown	Standard
High Engine Temperature Shutdown	Standard
Internal Fault/Incorrect Wiring protection	Standard
Common external fault capability	Standard
Field upgradable firmware	Standard

**Sound levels are taken from the front of the generator. Sound levels taken from other sides of the generator may be higher depending on installation parameters. Rating definitions - Standby: Applicable for supplying emergency power for the duration of the utility power outage. No overload capability is available for this rating. (All ratings in accordance with BS5514, ISO3046 and DIN6271). * Maximum kilovolt amps and current are subject to and limited by such factors as fuel BTU/megajoule content, ambient temperature, altitude, engine power and condition, etc. Maximum power decreases approximately 3.5% for each 1,000 ft (304.8 m) above sea level; and also will decrease approximately 1% for each 10 °F (6 °C) above 60 °F (16 °C).

20/22/24 kW

Service Rated Automatic Transfer Switch Features

- Intelligently manages up to four air conditioner loads with no additional hardware.
- Up to eight additional large (240 VAC) loads can be managed when used in conjunction with Smart Management Modules (SMMs).
- Electrically operated, mechanically-held contacts for fast, clean connections.
- Rated for all classes of load, 100% equipment rated, both inductive and resistive.
- 2-pole, 250 VAC contactors.
- Service equipment rated, dual coil design.
- Rated for both aluminum and copper conductors.
- Main contacts are silver plated or silver alloy to resist welding and sticking.
- NEMA/UL 3R aluminum outdoor enclosure allows for indoor or outdoor mounting flexibility.

Dimensions

200 Amps 120/240, 1Ø Open Transition Service Rated					
	Height		Width		Depth
	H1	H2	W1	W2	
in	26.8	30.1	10.5	13.5	6.9
cm	67.95	76.43	26.67	34.18	17.5

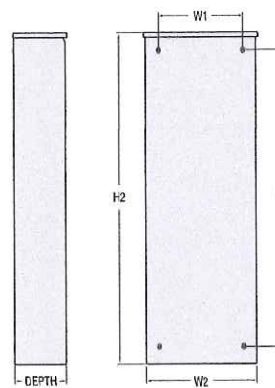
Wire Ranges		
Conductor Lug	Neutral Lug	Ground Lug
250 MCM - #6	350 MCM - #6	2/0 - #14

Model

**G007039-1, G007039-3 (20 kW)
G007043-2, G007043-3 (22 kW)**

No. of poles	2
Current rating (amps)	200
Voltage rating (VAC)	120/240, 1Ø
Utility voltage monitor (fixed)*	
-Pick-up	80%
-Dropout	65%
Return to Utility*	Approx. 13 sec
Exercises bi-weekly for 5 minutes*	Standard
ETL or UL listed	Standard
Enclosure type	NEMA/UL 3R
Circuit breaker protected	22,000
Lug range	250 MCM - #6

*Function of Evolution controller
Exercise can be set to weekly, bi-weekly, or monthly



PWRview Automatic Transfer Switch Features

- Integrated PWRview monitor provides real-time energy usage data through PWRview app.
- Intelligently manages up to four air conditioner loads with no additional hardware.
- Up to eight additional large (240 VAC) loads can be managed when used in conjunction with Smart Management Modules (SMMs).
- Electrically operated, mechanically-held contacts for fast, clean connections.
- Rated for all classes of load, 100% equipment rated, both inductive and resistive.
- 2-pole, 250 VAC contactors.
- Service equipment rated, dual coil design.
- Rated for both aluminum and copper conductors.
- Main contacts are silver plated or silver alloy to resist welding and sticking.
- NEMA 3R aluminum outdoor enclosure allows for indoor or outdoor mounting flexibility.
- Heavy duty Generac Contactor is an ETL recognized device.

Dimensions

200 Amps 120/240, 1Ø Open Transition Service Rated					
	Height		Width		Depth
	H1	H2	W1	W2	
in	26.8	30.1	10.5	13.5	6.9
cm	67.95	76.43	26.67	34.18	17.5

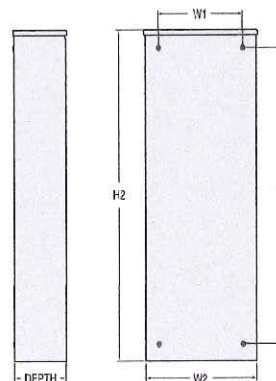
Wire Ranges		
Conductor Lug	Neutral Lug	Ground Lug
250 MCM - #6	350 MCM - #6	2/0 - #14

Model

G007210-0 (24 kW)

No. of poles	2
Current rating (amps)	200
Voltage rating (VAC)	120/240, 1Ø
Utility voltage monitor (fixed)*	
-Pick-up	80%
-Dropout	65%
Return to Utility*	Approx. 13 sec
Exercises bi-weekly for 5 minutes*	Standard
ETL or UL listed	Standard
Enclosure type	NEMA 3R
Circuit breaker protected	22,000
Lug range	250 MCM - #6

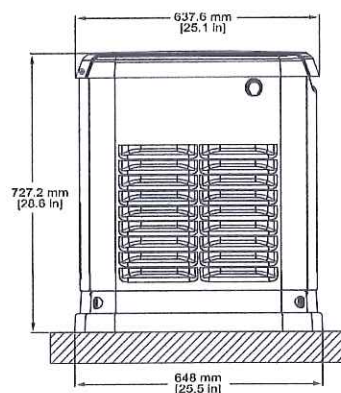
*Function of Evolution controller
Exercise can be set to weekly, bi-weekly, or monthly



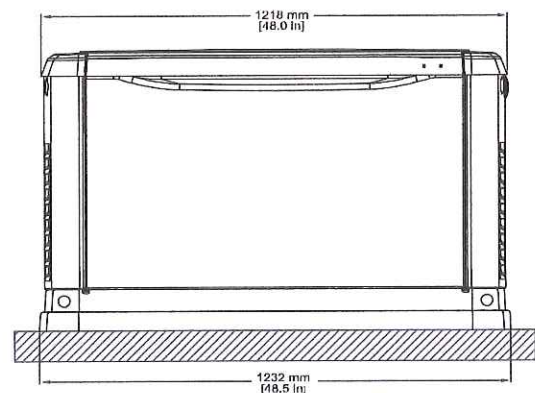
Model #	Product	Description
G005819-0	26R Wet Cell Battery	Every standby generator requires a battery to start the system. Generac offers the recommended 26R wet cell battery for use with all air-cooled standby product (excluding PowerPact®).
G007101-0	Battery Pad Warmer	Pad warmer rests under the battery. Recommended for use if temperature regularly falls below 0 °F (-18 °C). (Not necessary for use with AGM-style batteries).
G007102-0	Oil Warmer	Oil warmer slips directly over the oil filter. Recommended for use if temperature regularly falls below 0 °F (-18 °C).
G007103-1	Breather Warmer	Breather warmer is for use in extreme cold weather applications. For use with Evolution controllers only in climates where heavy icing occurs.
G005621-0	Auxiliary Transfer Switch Contact Kit	The auxiliary transfer switch contact kit allows the transfer switch to lock out a single large electrical load that may not be needed. Not compatible with 50 amp pre-wired switches.
G007027-0 - Bisque	Fascia Base Wrap Kit (Standard on 22 kW)	The fascia base wrap snaps together around the bottom of the new air-cooled generators. This offers a sleek, contoured appearance as well as offering protection from rodents and insects by covering the lifting holes located in the base.
G005703-0 - Bisque	Touch-Up Paint Kit	If the generator enclosure is scratched or damaged, it is important to touch up the paint to protect from future corrosion. The touch-up paint kit includes the necessary paint to correctly maintain or touch up a generator enclosure.
G006485-0	Scheduled Maintenance Kit	Generac's scheduled maintenance kit provides all the items necessary to perform complete routine maintenance on a Generac automatic standby generator (oil not included).
G007005-0	Wi-Fi LP Tank Fuel Level Monitor	The Wi-Fi enabled LP tank fuel level monitor provides constant monitoring of the connected LP fuel tank. Monitoring the LP tank's fuel level is an important step in verifying the generator is ready to run during an unexpected power failure. Status alerts are available through a free application to notify users when the LP tank is in need of a refill.
G007000-0 (50 amp) G007006-0 (100 amp)	Smart Management Module	Smart Management Modules (SMM) are used to optimize the performance of a standby generator. It manages large electrical loads upon startup and sheds them to aid in recovery when overloaded. In many cases, using SMM's can reduce the overall size and cost of the system.
G007169-0 - 4G LTE G007170-0 - Wi-Fi/ Ethernet	Mobile Link® Cellular Accessories	The Mobile Link family of Cellular Accessories allow users to monitor generator status from anywhere in the world, using a smart phone, tablet, or PC. Easily access information such as the current operating status and maintenance alerts. Users can connect an account with an authorized service dealer for fast, friendly, and proactive service. With Mobile Link, users are taken care of before the next power outage.
G007220-0 - Bisque	Base Plug Kit	Base plugs snap into the lifting holes on the base of air-cooled home standby generators. This offers a sleek, contoured appearance, as well as offers protection from rodents and insects by covering the lifting holes located in the base. Kit contains four plugs, sufficient for use on a single air-cooled home standby generator.

Dimensions & UPCs

Model	UPC
G007038-1	696471074185
G007038-3	696471074185
G007039-1	696471074192
G007039-3	696471074192
G007042-2	696471074208
G007042-3	696471074208
G007043-2	696471074215
G007043-3	696471074215
G007209-0	696471071511
G007210-0	696471078220



LEFT SIDE VIEW



FRONT VIEW

Dimensions shown are approximate. See installation manual for exact dimensions. DO NOT USE THESE DIMENSIONS FOR INSTALLATION PURPOSES.