



Specification Submittal Form

Builder: _____ Owner (if appl.): _____

Contact: _____ Contact: _____

Mailing Address: _____ Mailing Address: _____

Phone: _____ Phone: _____

Cell/Pager: _____ Cell/Pager: _____

E-Mail Address: _____ E-Mail Address: _____

Rebate Recipient (if applicable): Builder Owner (check one)

Project Information

Development Name (if appl.): _____

Address: _____

Model Name(s)/Number(s) (if appl.): _____

New Construction Gut Rehab (check one)

Single-Family/Duplex (1-2 units) Estimated number of units _____

Multiple Single-Family/Townhomes (3+ units) Estimated number of units _____

Multi-Family/Common Entry (3+ units) Estimated number of units _____

Estimated Start Date: _____ Estimated End Date: _____

Estimated rate of completion (units per month): _____

Location: City/Twp.: _____ County: _____ State: **NJ** Zip: _____

Are units individually metered for at least one fuel? Yes No

Gas Utility Supplier: _____ Electric Utility Supplier: _____

Other Fuel: _____ On-site Renewable Energy Generation (i.e., PV): _____

Insulation Contractor: _____ Contact: _____

Address: _____ Phone: _____

Fax: _____

Email Address: _____

HVAC Contractor: _____ Contact: _____

Address: _____ Phone: _____

Fax: _____

Email Address: _____

For Program Use Only:

Rating #: _____

Account Manager : _____ Phone: _____

Date Submittal Received: _____ Date Analysis Completed: _____

Smart Growth Non-Smart Growth State-Funded Affordable Housing

Notes: _____

1. Building Shell Insulation		R Value	Insulation Type (Check all that apply) FG = Fiberglass CE = Cellulose RF = Rigid Foam ICY = Icynene ICF = Insulated Concrete Form	Framing W = Wood M = Metal (Check)	Spacing (Check)
Ceilings Flat or Sloped (Attic space above)			<input type="checkbox"/> Batts <input type="checkbox"/> Blown-in <input type="checkbox"/> FG <input type="checkbox"/> CE <input type="checkbox"/> RF <input type="checkbox"/> ICY	2X _____ <input type="checkbox"/> M <input type="checkbox"/> W	<input type="checkbox"/> 16" o.c. <input type="checkbox"/> 24" o.c.
Cathedral Ceilings (Ceiling roof combination)			<input type="checkbox"/> Batts <input type="checkbox"/> Blown-in <input type="checkbox"/> FG <input type="checkbox"/> CE <input type="checkbox"/> RF <input type="checkbox"/> ICY	2X _____ <input type="checkbox"/> M <input type="checkbox"/> W	<input type="checkbox"/> 16" o.c. <input type="checkbox"/> 24" o.c.
Above-Grade Walls			<input type="checkbox"/> Batts <input type="checkbox"/> Blown-in <input type="checkbox"/> ICF <input type="checkbox"/> FG <input type="checkbox"/> CE <input type="checkbox"/> RF <input type="checkbox"/> ICY	2X _____ <input type="checkbox"/> M <input type="checkbox"/> W	<input type="checkbox"/> 16" o.c. <input type="checkbox"/> 24" o.c.
Insulated Wall Sheathing Additional Thermal Break (If using metal framing at exterior walls)			Type: _____ Type: _____	Thickness: _____ in. Thickness: _____ in.	
Exposed Floors (Check locations) <input type="checkbox"/> Garage ceiling <input type="checkbox"/> Cantilevered floor <input type="checkbox"/> Crawl			<input type="checkbox"/> Batts <input type="checkbox"/> Blown-in <input type="checkbox"/> FG <input type="checkbox"/> CE <input type="checkbox"/> RF <input type="checkbox"/> ICY	<input type="checkbox"/> Truss <input type="checkbox"/> 2X _____ <input type="checkbox"/> M <input type="checkbox"/> W	<input type="checkbox"/> 16" o.c. <input type="checkbox"/> 24" o.c.
Floor Over Basement			<input type="checkbox"/> Batts <input type="checkbox"/> Blown-in <input type="checkbox"/> FG <input type="checkbox"/> CE <input type="checkbox"/> RF <input type="checkbox"/> ICY	2X _____ <input type="checkbox"/> M <input type="checkbox"/> W	<input type="checkbox"/> 16" o.c. <input type="checkbox"/> 24" o.c.
Foundation Walls/Crawl Walls Average depth below grade: _____ ft.	Interior		<input type="checkbox"/> FG <input type="checkbox"/> RF <input type="checkbox"/> ICF	Depth from top of wall _____ ft.	
	Exterior		<input type="checkbox"/> FG <input type="checkbox"/> RF <input type="checkbox"/> ICF	Depth from top of wall _____ ft.	
Slab on Grade edge			Rigid foam/type: _____ <input type="checkbox"/> None planned Other: _____		
Slab on Grade under <input type="checkbox"/> All or <input type="checkbox"/> _____ % of slab			Rigid foam/type: _____ <input type="checkbox"/> None planned Radiant slab: <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Windows and Doors	Manufacturer Name	Model/Series	Low E (Check Yes or No)	Argon (Check Yes or No)	NFRC U-Value	NFRC SHGC
Windows			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Skylights			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Patio <input type="checkbox"/> French <input type="checkbox"/> Slider			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Basement Windows			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Opaque Doors			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Additional Notes: _____

3. Mechanical Systems

Zone _____ of _____ (NOTE: for multiple zones, submit additional copies of this page)

Heater:

System Type: Furnace Boiler Distribution Type: Hydronic Forced-air

Fuel Type: Natural Gas Propane Oil

Manufacturer: _____ Model: _____

BTU Output Capacity: _____ AFUE: _____

Location: Basement Heated Space Attic Garage Other: _____

Does the unit have a sealed combustion chamber? Yes No

Cooling:

Manufacturer: _____ Condenser Model: _____

Coil Model: _____ SEER: _____ EER: _____ BTU Capacity: _____

Heat Pump:

Air-to-Air Geothermal

Manufacturer: _____ Model: _____ Coil: _____

Auxiliary Heat: _____ kWh Staged Elements? Yes No

Open Loop Closed Loop Vertical Closed Loop Horizontal Desuperheater

of loops/wells: _____ Depth: _____ ft. Loop flow (gpm): _____ Pump HP: _____

One Speed/Low Speed

High Speed

Cooling BTU Cap.: _____ SEER: _____ /EER: _____	Cooling BTU Cap.: _____ SEER: _____ /EER: _____
Heating BTU Cap.: _____ COP: _____ /HSPF: _____	Heating BTU Cap.: _____ COP: _____ /HSPF: _____

Distribution:

Location: _____% attic; _____% basement; _____% crawl; _____% garage; _____% conditioned space

Will the basement be intentionally heated with distribution to maintain thermostat set point? Yes No

Ducts insulated in unheated space to R- _____

– All ducts must be sealed with mastic compound.

– Return systems must be fully ducted.

Controls:

of heating zones: _____ # of programmable thermostats: _____

of cooling zones: _____ # of programmable thermostats: _____

Domestic Hot Water System:

Free-standing tank Instantaneous heater Indirect-fired storage tank Tankless coil

Natural Gas Electric Propane Oil Solar (attach description)

Make: _____ Model: _____ Energy Factor: _____ Size: _____ gallons

Make: _____ Model: _____ Energy Factor: _____ Size: _____ gallons

Location: Basement Heated space Attic Crawl Garage

Is unit power-vented? Yes No

Additional tank insulation wrap? Yes No If Yes, to R- _____

Will an electric hot water heater be on a controlled timer? Yes No If yes, type of control _____

4. Lights and Appliances

Range/Stove:

Natural Gas Electric Propane

Clothes Dryer:

Natural Gas Electric Propane

Clothes Washing Machine:

Standard ENERGY STAR®

Brand: _____ Model #: _____

Refrigerator:

Standard ENERGY STAR

Brand: _____ Model #: _____

Dishwasher:

Standard ENERGY STAR None planned

Brand: _____ Model #: _____

ENERGY STAR (hard-wired) Light Fixtures - Program requires a minimum of 3 installed:

(Excludes basement, closets, attic, garage lights)

Please provide lighting quantity for the following ENERGY STAR fixtures:

Recessed: _____ Other: _____

5. Mechanical Ventilation for IAQ with Automatic Control (Required, ASHRAE 62.2 compliant)

Heat/energy recovery ventilator ENERGY STAR exhaust-only system HVAC integrated w/ ECM motor

Make: _____ Model #: _____ CFM: _____

Automatic ventilation controls: 24-Hr.Timer, _____ hours per/day Other: _____

REQUIRED

PLEASE SUBMIT PLANS OR BLUEPRINTS SHOWING:

- ___ Site plans with lot and block numbers
- ___ Dimensions
- ___ Elevations
- ___ Window placement and sizes
- ___ Orientation (an arrow pointing north) if known
- ___ Manual J (or equivalent) calculations

EMAIL ELECTRONIC PLANS AND COMPLETED SPECIFICATION SUBMITTAL FORM TO:

ENERGYSTAR@magrann.com

OR

SEND COMPLETED FORM AND PLANS TO:

New Jersey ENERGY STAR Homes
c/o MaGrann Associates
240 West Route 38
Moorestown, NJ 08057

Toll Free: 800-390-6090 Fax: 856-722-9227