



# Site Registration Form 2013

ALL FIELDS REQUIRED - ENTER N/A IF NOT APPLICABLE

Construction Site (Unit) Information			Projected Participation Level:	
Development Name:		Projected HERS Score:		
Street Address:		MS Unit#:		
City:		NJ	ZIP:	
Permit/Contract Date:		Est. Construction Start:		Est. Construction End:
Building Type:	Single Family (SF) <input type="checkbox"/> (1-2 units with separate external entrances; Includes most single homes, twins and duplexes)			
	Multi-Single (MS) <input type="checkbox"/> (3+ units with separate external entrances; Includes most townhomes and patio units)			
	Multifamily (MF) <input type="checkbox"/> (3+ units up to 3 floors above grade/garage w/common external entrance(s); Includes most apartment buildings) Attach a separate list of Multifamily units in this building; Each building must have its own Site Submittal Form			
	Check if: <input type="checkbox"/> Modular construction <input type="checkbox"/> State funded affordable development <input type="checkbox"/> Gut Rehab <input type="checkbox"/> Smart Growth			
Est. Unit Size:	sq.ft. CFA	Total Units in Building:		Number of Floors in Building:
Rating Type:	<input type="checkbox"/> Individually confirmed <input type="checkbox"/> Sampled <input type="checkbox"/> MF Sample Tested <input type="checkbox"/> MF High Rise 90.1			
Electric Utiltity		Gas Utiltity		
Space Heat Fuel		Water Heating Fuel		

NOTE SPECIFIC PROGRAM REQUIREMENTS FOR INCENTIVE QUALIFICATION

Builder/General Contractor				
<input type="checkbox"/> Check here if Homeowner is GC & enter "N/A" for Business Name			TIN#:	
Site Business Name:			<input type="checkbox"/> Check if Incentive Recipient	
Builder Name (if different):			<input type="checkbox"/> Check if Incentive Recipient	
Contact First Name:		Last Name:		
Address 1:		Address 2:		
City:		ST:	ZIP:	
Office Phone:		Cell:		
E-mail:		Fax:		

Developer (if applicable)				
				<input type="checkbox"/> Check if Incentive Recipient
Business Name:		TIN#:		
Contact First Name:		Last Name:		
Address 1:		Address 2:		
City:		ST:	ZIP:	
Phone:		E-mail:		

Rating Company				
Business Name:				
Contact First Name:		Last Name:		
Phone:		E-mail:		

HVAC Contractor				
Business Name:				
Contact First Name:		Last Name:		
Phone:		E-mail:		

Insulation Contractor				
Business Name:				
Contact First Name:		Last Name:		
Phone:		E-mail:		

Site Registration Signature: (MUST BE SIGNED BY BUILDER/GC OR AN AUTHORIZED RATING COMPANY)

Builder/GC     Rating Company    Date: \_\_\_\_\_    Signature: \_\_\_\_\_

Submit completed forms to [RNCNJCEP@Honeywell.com](mailto:RNCNJCEP@Honeywell.com).

For more information please contact the program at [RNCNJCEP@Honeywell.com](mailto:RNCNJCEP@Honeywell.com) or 1-856-797-0011. (Follow the voice prompts for the NJESH Program).