



# Site Submittal Form 2012 page 1

## SITE REGISTRATION

ALL FIELDS REQUIRED - ENTER N/A IF NOT APPLICABLE

Construction Site (Unit) Information			Projected Participation Level:		
Development Name:		Lot #:			
Street Address:		MF 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 Utility	[Select]	Gas Utility		[Select]	
Space Heat Fuel	[Select]	Water Heating Fuel		[Select]	

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:
Phone:		ZIP:
		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).

NOTE: FOR INCENTIVE APPLICATION COMPLETE PAGE 2 AND SUBMIT BOTH PAGES OF THIS FORM



# Site Submittal Form 2012 page 2

## INCENTIVE APPLICATION

ALL FIELDS REQUIRED – ENTER N/A IF NOT APPLICABLE

Qualification Information					
Final Participation Level:					
ENERGY STAR Qualification:					
Final Building Type:					
Final Unit Size (sq.ft. CFA):					
Final HERS Index:		Or MFHR ENERGY STAR Performance Rating:			
Program Requirements & Additional Information					
Domestic Hot Water	Fuel:	[Select]	Capacity (gal):		Energy Factor (EF):
HVAC	Type:	[Select]	SEER:		
ASHRAE 62.2 compliant mechanical ventilation strategy:			[Select or enter description]		
<input type="checkbox"/> Only direct or power vented heating and hot water combustion appliances (including fireplaces) within pressure boundary					
<input type="checkbox"/> Fully ducted and mastic sealed HVAC supplies and returns					
ENERGY STAR Appliances & Systems supplied: <input type="checkbox"/> ES Refrigerator <input type="checkbox"/> ES Dishwasher <input type="checkbox"/> ES Clothes washer <input type="checkbox"/> ES Ceiling Fans <input type="checkbox"/> ES Domestic Hot Water Heater <input type="checkbox"/> ES Central A/C <input type="checkbox"/> ES Heat Pump <input type="checkbox"/> ES Furnace <input type="checkbox"/> ES Boiler					
ENERGY STAR Lighting: <input type="checkbox"/> ≥ 60% Bulbs <input type="checkbox"/> Advanced Lighting Package					
ENERGY STAR Checklists fully compliant: <input type="checkbox"/> Thermal Bypass (NJ ENERGY Efficient Home only) <input type="checkbox"/> Thermal Enclosure Rater <input type="checkbox"/> HVAC QI Contractor <input type="checkbox"/> HVAC QI Rater <input type="checkbox"/> Water Management Builder (or <input type="checkbox"/> Indoor airPlus Rater)					
Rating file submittal (check one and attach as applicable): <input type="checkbox"/> REM/Rate™ Final Rating <input type="checkbox"/> REM/Rate™ Projected Rating – File name: (for sampled homes only, the Projected Rating used to determine Threshold Specifications for this home must be on file with the Program) <input type="checkbox"/> EQUEST™ baseline & as-built models; Status spreadsheet; Benchmark spreadsheet; Release forms (MFHR only)					
<input type="checkbox"/> REM/Rate™ ENERGY STAR Home Verification Summary Report attached (except MFHR)					
<input type="checkbox"/> Tax Clearance Certificate attached (Multifamily projects only)					

**Incentive Application Signature:** (MUST BE SIGNED BY BUILDER/GC OR AN AUTHORIZED RATING COMPANY)

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

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