



# Specification Submittal Form

New Jersey's **Clean Energy Program**<sup>TM</sup> is brought to you by the New Jersey Board of Public Utilities



Builder/General Contractor: \_\_\_\_\_ Developer/Owner (if appl.): \_\_\_\_\_

Contact: \_\_\_\_\_ Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Rebate Recipient (if applicable):  Builder/General Contractor  Developer/Owner (check one)

Which Tier are you applying under? (choose one) **Note:** Homes over 4000 sq.ft. of conditioned floor area must meet Tier 2 requirements to obtain any incentives.

- Tier 1 – Meet U.S. Environmental Protection Agency ENERGY STAR<sup>®</sup> Homes requirements
- Tier 2 – Meet all Tier 1 requirements and achieve an energy rating HERS index of 65 or less (or equivalent High-Rise Multi-family Building Pilot performance)
- Tier 3 – NJ Climate Choice Home Project (subject to approval)

## Project Information

Project 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: \_\_\_\_\_

Low-Rise Multi-family with Common Entry (3+ units, 3 stories or less) Estimated number of units: \_\_\_\_\_

Mid/High-Rise Multi-family (more than 3 stories); Does each unit have its own gas or electric heating system and/or central air conditioning system?  Yes  No Estimated number of units: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated End Date: \_\_\_\_\_

Estimated Rate of Completion (units per month): \_\_\_\_\_

Location: City/Twp.: \_\_\_\_\_ County: \_\_\_\_\_ State: **NJ** Zip: \_\_\_\_\_

Gas Utility Supplier: \_\_\_\_\_ Electric Utility Supplier: \_\_\_\_\_

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

Modular Homes Name of Modular Manufacturer: \_\_\_\_\_

Insulation Contractor: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

HVAC Contractor: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**For Program Use Only:**

Account Manager/Rating Company: \_\_\_\_\_ Date Submittal Received: \_\_\_\_\_

Project Number: \_\_\_\_\_

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.	
Average height above grade: _____ 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** *NOTE: Program requires installation of ENERGY STAR® qualified HVAC equipment (or highest approved alternative if no ENERGY STAR qualified equipment is available for a specific application)*

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

<p><b>Cooling</b> BTU Cap.: _____ SEER: _____ /EER: _____</p>	<p><b>Cooling</b> BTU Cap.: _____ SEER: _____ /EER: _____</p>
<p><b>Heating</b> BTU Cap.: _____ COP: _____ /HSPF: _____</p>	<p><b>Heating</b> BTU Cap.: _____ COP: _____ /HSPF: _____</p>

**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- \_\_\_\_\_ (must be at least R-8)

– All ducts must be sealed.

– All supplies & returns must be fully ducted; all seams and joints must be adequately sealed with mastic compound.

**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® qualified

Brand: \_\_\_\_\_ Model #: \_\_\_\_\_

##### Refrigerator:

Standard  ENERGY STAR qualified

Brand: \_\_\_\_\_ Model #: \_\_\_\_\_

##### Dishwasher:

Standard  ENERGY STAR qualified  None planned

Brand: \_\_\_\_\_ Model #: \_\_\_\_\_

**ENERGY STAR Qualified Lighting** – Program requires a minimum of 3 installed hard-wired ENERGY STAR qualified light fixtures and/or ENERGY STAR qualified screw-based CFL bulbs in at least 50% of all sockets in high-use areas. Please provide lighting quantity for the following ENERGY STAR qualified fixtures and CFLs:

# of ENERGY STAR qualified recessed light fixtures \_\_\_\_\_ Location(s) \_\_\_\_\_

# of ENERGY STAR qualified ceiling/wall light fixtures \_\_\_\_\_ Location(s) \_\_\_\_\_

# of ENERGY STAR qualified screw-based CFL bulbs \_\_\_\_\_ Location(s) \_\_\_\_\_

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

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

Make: \_\_\_\_\_ Model #: \_\_\_\_\_ CFM: \_\_\_\_\_

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

#### PLEASE SUBMIT THE FOLLOWING:

- \_\_\_ MANUAL J (or equivalent) CALCULATIONS
- \_\_\_ PLANS OR BLUEPRINTS, INCLUDING MECHANICAL and ELECTRICAL PLANS, SHOWING:
  - \_\_\_ Lighting Schedules
  - \_\_\_ Site plans with lot and block numbers
  - \_\_\_ Dimensions
  - \_\_\_ Elevations
  - \_\_\_ Window placement and sizes
  - \_\_\_ Orientation (an arrow pointing North) if known

**EMAIL ELECTRONIC PLANS, MANUAL J (or equivalent) CALCULATIONS, AND COMPLETED SPECIFICATION SUBMITTAL FORM TO:**

**YOUR HERS RATING COMPANY**