



# Energy Benchmarking Building Data Form

Fill out this form and follow the instructions at the bottom to receive a free energy performance benchmark

**General Info** Name of Facility/Building \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Point of contact: Name/Title \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Facility owned by (for profit, not for profit, or governmental) \_\_\_\_\_

**Building Info** Year built \_\_\_\_\_ No. of floors \_\_\_\_\_ No. of units \_\_\_\_\_

Size of building (sq. ft.) \_\_\_\_\_ Size of common area space (sq.ft.) \_\_\_\_\_  
(Do **not** include unheated spaces)

Building Type/Description \_\_\_\_\_

Heating System and Fuel \_\_\_\_\_ Percent of building heated \_\_\_\_\_

Cooling System \_\_\_\_\_ Percent of building cooled \_\_\_\_\_

Average Occupancy \_\_\_\_\_ Number of bedrooms \_\_\_\_\_

Does property have nursing/assisted care units?  Yes  No If yes, what percentage \_\_\_\_\_

Does the building have a pool? (check all that apply)  Yes  No  Indoor  Outdoor

Olympic 50X25  Recreational 20X15  Short Course 25X20 Heated?  Yes  No

**Utility Info**

Electric Utility \_\_\_\_\_ Electric Utility Account # \_\_\_\_\_

Gas Company \_\_\_\_\_ Gas Company Account # \_\_\_\_\_

Oil Supplier \_\_\_\_\_ Oil Supplier Account # \_\_\_\_\_

Does your building purchase other energy (propane, chilled water, steam or other)  Yes  No

If so, please list the energy source(s) and account information \_\_\_\_\_

**Other Info**

Does your facility use any electricity generated on site?  Yes  No

What % of your total capacity are you currently running at: \_\_\_\_\_

**INSTRUCTIONS:** Please fax, mail or email one completed Building Data Form for each building along with the most recent thirteen (13) consecutive months or more of utility bills, or a completed and signed Utility Data Release Form to:  
TRC Energy Services, 900 Route 9 North, Suite 404, Woodbridge, NJ 07095  
Phone: (732) 855-0033 Fax: (732) 855-0422 Email: benchmarking@NJCleanEnergy.com

## Additional Building Information

### Operating Characteristics

Number of personal computers \_\_\_\_\_

Government subsidized housing?  Yes  No

Common area laundry on site?  Yes  No

Does property have a retail store?  Yes  No

Does property have a restaurant?  Yes  No

Open parking lot size (sq.ft.) \_\_\_\_\_

Energy consumed within parking areas?  Yes  No

No. of operating hours per week \_\_\_\_\_

Tenant paid utilities?  Yes  No

Resident population type \_\_\_\_\_

Number of common area laundry hookups \_\_\_\_\_

Number of laundry hookups in units \_\_\_\_\_

Enclosed parking lot size (sq.ft.) \_\_\_\_\_

Building operated on weekends?  Yes  No

No. of months operated per year \_\_\_\_\_

### Barriers

What are your biggest challenges to implementing energy efficiency work? (check all that apply)

Funds: \_\_\_\_\_ Time: \_\_\_\_\_ Expertise: \_\_\_\_\_ Don't know how to get started: \_\_\_\_\_ Staff: \_\_\_\_\_ or Other (please explain): \_\_\_\_\_

### CBECS Areas

Please enter the percentage of your gross area that can be characterized as one of the space types listed below. Do not count spaces twice; pick the most specific choice by using subtypes where applicable. For example, if you have Food Service, list that space in "Restaurant" or "Fast Food" not "Food Service". Total should equal 100%.

Space Type / Subtype	% of Gross Area	Space Type / Subtype	% of Gross Area
Food Sales	_____	Public Assembly	_____
Grocery Store / Food Market	_____	Entertainment / Culture	_____
Convenience Store	_____	Library	_____
Food Service	_____	Recreation	_____
Restaurant/Cafeteria	_____	Social / Meeting	_____
Fast Food	_____	Public Order and Safety	_____
Health Care (Inpatient)	_____	Fire/Police Station	_____
Specialty Hospital	_____	Courthouse	_____
Acute Care Hospital	_____	Service (Vehicle Repair, Postal Service)	_____
Children's Hospital	_____	Storage / Shipping / Warehouse	_____
Health Care (Long Term Care)	_____	Self Storage	_____
Health Care (Outpatient)	_____	Non-refrigerated Warehouse	_____
Medical Office	_____	Refrigerated Warehouse	_____
Clinic / Other	_____	Distribution/Shipping Center	_____
Lodging	_____	Retail (additional info may be required)	_____
Mall (Strip Mall or Enclosed)	_____	Other (please describe)	_____
Office Space	_____	Other (please describe)	_____