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|--|---|---|--|
| <input type="checkbox"/> Large Office | <input type="checkbox"/> Small Office | <input type="checkbox"/> Large Retail | <input type="checkbox"/> Small Retail |
| <input type="checkbox"/> Food Retail | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Hotel | <input type="checkbox"/> Motel |
| <input type="checkbox"/> Warehouse / Wholesale | <input type="checkbox"/> Entertainment / Sport | <input type="checkbox"/> Data Centre | <input type="checkbox"/> Commercial Other - please specify below |
| Multi-Residential | | | |
| <input type="checkbox"/> Condominium | <input type="checkbox"/> Rental Apartment | <input type="checkbox"/> Social Housing Provider | <input type="checkbox"/> Multi-Residential Other - please specify below |
| Industrial / Manufacturing | | | |
| <input type="checkbox"/> Iron / Steel | <input type="checkbox"/> Pulp and Paper | <input type="checkbox"/> Petroleum / Plastic | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Food and Beverage | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Industrial Strip Mall / Unit | <input type="checkbox"/> Industrial / Manufacturing Other - please specify below |
| Government / Public Institutions / etc. | | | |
| <input type="checkbox"/> Government - Administrative | <input type="checkbox"/> Government - Culture and Tourism | <input type="checkbox"/> Government - Emergency Services | <input type="checkbox"/> Government - Parks and Recreation |
| <input type="checkbox"/> Government - Public Works | <input type="checkbox"/> Hospital | <input type="checkbox"/> Long Term Care Facility | <input type="checkbox"/> School (K-12) |
| <input type="checkbox"/> University / College | <input type="checkbox"/> Place of Worship | <input type="checkbox"/> Government / Public Institution Other - please specify below | |
| Agricultural | | | |
| <input type="checkbox"/> Cattle Farm | <input type="checkbox"/> Dairy Farm | <input type="checkbox"/> Green House | <input type="checkbox"/> Poultry |
| <input type="checkbox"/> Swine Farm | | | |

Specific Other Building Type:

6. Facility and Chilled Water System:

TOTAL FACILITY SQUARE FOOTAGE: _____ Square Feet* ESTIMATED NUMBER OF FLOORS: _____

CHILLED WATER SYSTEM: _____ EXISTING HEATING SYSTEM: _____

ESTIMATED ANNUAL CONSUMPTION (kWh) (optional): _____ ESTIMATED SUMMER PEAK DEMAND (kW) (optional): _____

YEAR FACILITY WAS BUILT: _____ SIZE OF CHILLED WATER SYSTEM (TONS): _____

* **Square Foot** means one square foot of interior heated floor area within the perimeter of the exterior walls of the Facility, including common, mechanical and structural support areas, and excludes unheated parking garage areas; and "Square Footage" shall be the sum of these Square Feet;.

7. Estimated Scoping Study Phase Timelines:

ESTIMATED SCOPING STUDY PHASE START DATE: _____ (DD/MM/YYYY)

ESTIMATED SCOPING STUDY PHASE COMPLETION DATE: _____ (DD/MM/YYYY)

8. Estimated Scoping Study Phase Costs (costs for subsequent phases will be requested in the applicable Phase Completion Form):

ESTIMATED COST (excluding taxes): \$ _____

9. Have you received any Third Party contributions (i.e., financial incentives associated with the Scoping Study Phase generally funded by energy ratepayers or taxpayers of the Province of Ontario) for the proposed Scoping Study through [Name of LDC] or any other public program, other than incentives under [INSERT INITIATIVE MARKETING NAME]? YES NO

If yes, please specify the following:

NAME OF PROGRAM(S): _____ FUNDING PROVIDER(S): _____

TOTAL FUNDING AMOUNT (THIRD PARTY CONTRIBUTIONS): \$ _____

10. Commissioning Agent Contact Information:

COMPANY NAME

NAME AND TITLE OF CONTACT

ADDRESS CITY PROVINCE ON POSTAL CODE

DAY PHONE FAX EMAIL

11. Commissioning Agent:

Please specify which qualifications the Commissioning Agent possesses:

- Reference letters
- Commissioning Certificate from one of the organizations below:
 - Association of Energy Engineers
 - American Society of Heating, Refrigeration and Air-Conditioning Engineers
 - Building Commissioning Association

12. Other comments (for example, special site requirements or conditions which the LDC should be aware of, etc):



13. Participant's Signature(s)

The Participant certifies all statements in the Participant Certification Statement, and agrees to be bound by the terms and conditions contained in the Participant Agreement.

PARTICIPANT NAME (NAME OF LEGAL ENTITY): AUTHORIZED SIGNATURE: DATE:

NAME: TITLE:
I/We have authority to bind the Participant.

AUTHORIZED SIGNATURE: DATE:

NAME: TITLE:
I/We have authority to bind the Participant.

** please print and send an original copy with signatures to the LDC*

14. For LDC Use Only

Existing Building Commissioning Application Number: _____

APPLICATION APPROVAL

PARTICIPANT INCENTIVE PAYMENT APPROVAL

APPROVED ESTIMATED PARTICIPANT INCENTIVES:

ESTIMATED PARTICIPANT INCENTIVES PAYMENT AMOUNT:

DATE APPLICATION APPROVED (MM/DD/YYYY):

APPROVED BY:

(LDC NAME) AUTHORIZED SIGNATURE DATE

NAME TITLE

AUTHORIZED SIGNATURE DATE

NAME TITLE