

APPLICATION TO PARTICIPATE

**WPPI ENERGY
NEW CONSTRUCTION PROGRAM**

Applicant Information

(Please print or type all information for quick processing)

Name _____

Company _____

Address _____

City, State Zip _____

Business Phone _____ Business Fax _____

E-mail Address _____

Primary Building Type (must be non-residential)

Eligible Project Types

- Office
- Retail
- Other _____

- School
- Industrial
- Local government

- Code Renovation
- New Facility
- New Addition to Existing Facility

Project Name _____

Project Site Address _____

Project City, State, Zip _____

Description of Project, Primary Space Type(s), and Size (square feet) _____

Design Start Date _____ Estimated Bid Release Date _____

Est. Construction Start Date _____ Est. Occupancy Date _____

Current Project Phase _____ Est. Project Budget (if available) _____

Natural Gas Utility for Building _____ Other Efficiency Programs Contacted _____

Electric Utility for Building _____ Account Representative _____

Building Systems to be Considered

LEED™ Certification?

Program Assistance Desired

- Lighting
- Mechanical
- Envelope
- Other _____

- Yes
- No
- Undecided

- Energy efficiency ideas and analysis
- Building energy simulation
- Financial incentives
- Willing to be a case study

I certify that the project site is located within the electric service territory of a WPPI Energy member utility, and that all information provided within this application is correct to the best of my knowledge.

Signature _____

Date _____

Name (Print) _____

Phone Number _____

Please complete the Project Team Contact Information on reverse and return the completed form to:

**Energy Center of Wisconsin
WPPI Energy New Construction Program
455 Science Drive, Suite 200
Madison, WI 53711**

Keith Swartz, P.E., LEED AP
Phone: 608-238-8276, ext. 123
Fax: 608-238-0523
kswartz@ecw.org



COMMERCIAL AND INDUSTRIAL NEW CONSTRUCTION PROGRAM

Contact Information for Project Team

Owner of Building (Provide tax ID or SSN for recipient of measure incentive payments, if any)

Name _____
Fed Tax ID _____ or SSN _____
Company _____
Address _____
City, State Zip _____
Business Phone _____ Business Fax _____
E-mail Address _____

Architect or Design Team Leader (Provide tax ID or SSN for recipient of design incentive payments, if any)

Name _____
Fed Tax ID _____ or SSN _____
Company _____
Address _____
City, State Zip _____
Business Phone _____ Business Fax _____
E-mail Address _____

Mechanical Engineer

Name _____
Company _____
Address _____
City, State Zip _____
Business Phone _____ Business Fax _____
E-mail Address _____

Electrical Engineer

Name _____
Company _____
Address _____
City, State Zip _____
Business Phone _____ Business Fax _____
E-mail Address _____