



# DP&L New Construction Incentive Application

## APPLICANT INFORMATION (REQUIRED)

NAME	TITLE
COMPANY	FEDERAL TAX ID
ADDRESS	CITY, STATE, ZIP
BUSINESS TELEPHONE	BUSINESS FAX
EMAIL ADDRESS	
PRIMARY BUILDING TYPE (MUST BE NON-RESIDENTIAL) <input type="checkbox"/> Office <input type="checkbox"/> School <input type="checkbox"/> Warehouse <input type="checkbox"/> Retail/Service <input type="checkbox"/> Industrial <input type="checkbox"/> Medical/Hospital <input type="checkbox"/> University/College <input type="checkbox"/> Other _____	ELIGIBLE PROJECT TYPES <input type="checkbox"/> New Facility <input type="checkbox"/> New Addition to Existing Facility
PROJECT NAME	DP&L ACC'T # <span style="float: right;"><input type="checkbox"/> DO NOT HAVE ONE YET</span>
PROJECT SITE ADDRESS	
PROJECT CITY, STATE, ZIP	
DESCRIPTION OF PROJECT, PRIMARY SPACE TYPE(S), AND SIZE (SQUARE FEET):	
ESTIMATED CONSTRUCTION START DATE	
ESTIMATED OCCUPANCY DATE	
CURRENT PROJECT PHASE	ESTIMATED PROJECT BUDGET (IF AVAILABLE)
NATURAL GAS UTILITY FOR BUILDING	OTHER EFFICIENCY PROGRAMS CONTACTED
PLEASE CHECK THE TYPE OF NEW CONSTRUCTION INCENTIVE BEING APPLIED FOR: <input type="checkbox"/> Lighting Power Density (LPD) Reduction <i>Check that the following are submitted with application form:</i> <input type="checkbox"/> Documentation showing how LPD was calculated and hours of operation <input type="checkbox"/> Manufacturer, model number and quantities of efficient lighting measures <input type="checkbox"/> Whole Building Energy Performance Baseline Improvement <i>Check that the following are submitted with application form:</i> <input type="checkbox"/> An output report from the energy modeling tool with explanation of any error messages that appear <input type="checkbox"/> Calculated values for the baseline building performance, the proposed design and the percentage improvement <input type="checkbox"/> A list of energy efficient measures included in the proposed design that differ from the baseline, accompanied by product specification sheets for each measure	
AS AN ELIGIBLE CUSTOMER, I VERIFY THE INFORMATION IS CORRECT AND REQUEST CONSIDERATION FOR PARTICIPATION UNDER THIS PROGRAM.	
CUSTOMER SIGNATURE	PRINT NAME
DATE	PHONE NUMBER
<b>Please complete the Project Team contact information on the next page and return the completed form by mail, fax, or email to:</b> <b>DP&amp;L ENERGY EFFICIENCY PROGRAM</b> <b>1900 DRYDEN ROAD</b> <b>DAYTON, OH 45439</b>	
<b>FAX: 937-331-4088</b>	
<b>EMAIL: <a href="mailto:energyefficiency@dplinc.com">energyefficiency@dplinc.com</a></b>	

## CONTACT INFORMATION FOR PROJECT TEAM

OWNER OF BUILDING	
NAME	
COMPANY	
ADDRESS	CITY, STATE, ZIP
BUSINESS TELEPHONE	BUSINESS FAX
EMAIL ADDRESS	

ARCHITECT OR DESIGN TEAM LEADER	
NAME	
COMPANY	
ADDRESS	CITY, STATE, ZIP
BUSINESS TELEPHONE	BUSINESS FAX
EMAIL ADDRESS	

ENGINEER	
NAME	
COMPANY	
ADDRESS	CITY, STATE, ZIP
BUSINESS TELEPHONE	BUSINESS FAX
EMAIL ADDRESS	

CONTRACTOR	
NAME	
COMPANY	
ADDRESS	CITY, STATE, ZIP
BUSINESS TELEPHONE	BUSINESS FAX
EMAIL ADDRESS	