



Specification Submittal Form



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

Contact: _____ Contact: _____

Mailing Address: _____ Mailing Address: _____

Phone: _____ Phone: _____

Cell: _____ Cell: _____

Email Address: _____ Email Address: _____

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

Incentive Information:

Incentive Recipient (please print): _____

Incentive Recipient TIN/SS#: _____

Project Information

Project Name (if appl.): _____

Address: _____

Model Name(s) /Number(s) (if appl.): _____

New Construction or 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 _____ Estimated number of units: _____
(3+ units, 3 stories or less)

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: _____

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 ◦ Blown-in <input type="checkbox"/> FG ◦ CE ◦ RF ◦ ICY	2X _____ <input type="checkbox"/> M ◦ W	<input type="checkbox"/> 16' o.c. <input type="checkbox"/> 24' o.c.
Cathedral Ceilings (Ceiling roof combination)			<input type="checkbox"/> Batts ◦ Blown-in <input type="checkbox"/> FG ◦ CE ◦ RF ◦ ICY	2X _____ <input type="checkbox"/> M ◦ W	<input type="checkbox"/> 16' o.c. <input type="checkbox"/> 24' o.c.
Above-Grade Walls			<input type="checkbox"/> Batts ◦ Blown-in ◦ ICF <input type="checkbox"/> FG ◦ CE ◦ RF ◦ ICY	2X _____ <input type="checkbox"/> M ◦ 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: _____	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 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 ◦ No	<input type="checkbox"/> Yes ◦ No		
Skylights			<input type="checkbox"/> Yes ◦ No	<input type="checkbox"/> Yes ◦ No		
Patio <input type="checkbox"/> French <input type="checkbox"/> Slider			<input type="checkbox"/> Yes ◦ No	<input type="checkbox"/> Yes ◦ No		
Basement Windows			<input type="checkbox"/> Yes ◦ No	<input type="checkbox"/> Yes ◦ No		
Opaque Doors			<input type="checkbox"/> Yes ◦ No	<input type="checkbox"/> Yes ◦ No		
Other:			<input type="checkbox"/> Yes ◦ No	<input type="checkbox"/> Yes ◦ 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	
Cooling	BTU Cap.: _____	Cooling	BTU Cap.: _____
SEER: _____	/EER: _____	SEER: _____	/EER: _____
Heating	BTU Cap.: _____	Heating	BTU Cap.: _____
COP: _____	/HSPF: _____	COP: _____	/HSPF: _____

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

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

**EAM Associates
3350 Highway 138 West
Building 2, Suite 223
Wall, NJ 07719**