

# 2017 New Construction Application to Participate

## How to participate:

1. Complete both sides of the application.
2. Submit this agreement directly to Seventhwave at the address on the reverse side.

## OWNER INFORMATION

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

## PROPOSED PROJECT INFORMATION

Primary Building Type: *(must be non-residential)*

- Industrial    Office    Retail Service    Education    Local Government    Warehouse    Multi-family  
 Healthcare    Other \_\_\_\_\_

Eligible Project Types:       Major Renovation    New Facility    New Addition to Existing Facility

Project Name \_\_\_\_\_

Project Site Address \_\_\_\_\_

Project City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Description of Project and Primary Space Type(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Design Start Date \_\_\_\_\_ Est Date for MEP Equipment Bid Issuance \_\_\_\_\_

Est. Construction Start Date \_\_\_\_\_ Est. Project Completion Date \_\_\_\_\_

Current Project Phase \_\_\_\_\_  Design-Build    Design-Bid-Build

Est. Project Budget (if available) \_\_\_\_\_ Electric Utility for Bldg. \_\_\_\_\_

Account Representative \_\_\_\_\_ Natural Gas Utility for Bldg. \_\_\_\_\_

Other Efficiency Programs Contacted \_\_\_\_\_

Building Systems to be Considered:  Lighting    Mechanical    Envelope    Other \_\_\_\_\_

## CUSTOMER SIGNATURE

WPPI Energy reserves the right to discontinue or change any program at any time. The acceptance of program applications is determined solely by WPPI Energy. Visit [www.wppienergy.org](http://www.wppienergy.org) to learn more.

### CUSTOMER SIGNATURE (Read and Sign)

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.

NAME (print) \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

#### Please return the completed and signed application to:

Seventhwave - Erikka Byrge

Email: [ebyrge@seventhwave.org](mailto:ebyrge@seventhwave.org)

WPPI Energy New Construction Program

749 University Row, Suite 320

Madison, WI 53705

Phone: 608-210-7161

#### Program representative and further information:

Contact your local WPPI Energy Services Representative.

## CONTACT INFORMATION FOR PROJECT TEAM

### ARCHITECT OR DESIGN TEAM LEADER

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

### MECHANICAL ENGINEER

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

### ELECTRICAL ENGINEER

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

### GENERAL CONTRACTOR OR EQUIVALENT

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_