



APPLICATION FORM

PowerStream Inc.

161 Cityview Blvd.
Vaughan, ON L4H 0A9

ALL SUPPORTING MATERIAL MUST BE ATTACHED.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE PARTICIPANT.

To the PARTICIPANT: ALL REQUIRED fields must be completed in order for the Application to be accepted for review by the LDC.
Please check each box to confirm the required documentation is submitted to the LDC as part of your application:

- Completed and signed Application Form
- Signed Participant Agreement

THE LDC MAY NOT APPROVE YOUR APPLICATION FOR ANY REASON. Prior to commencing your Commissioning Phases, it is your responsibility to ensure that the LDC has approved this Application and your Participant Agreement.

After completing each Commissioning Phase, you must complete, sign and submit a **PHASE COMPLETION FORM** together with all required attachments, and send it to your LDC.

1. Participant Information (required): (Participant Incentive will be paid to the Participant ONLY)

LEGAL NAME OF PARTICIPANT

ADDRESS	CITY	ON PROVINCE	POSTAL CODE
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LDC ACCOUNT # :

HST REGISTRANT #:

CHECK ONE: OWNER: TENANT/LEASEHOLDER:

2. Contact Information:

NAME AND TITLE OF CONTACT

ADDRESS	CITY	ON PROVINCE	POSTAL CODE
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DAY PHONE	FAX	EMAIL
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3. The Commissioning Phases described herein are to be completed in the service area of:

Name of Local Distribution Company (LDC):

4. Facility (where Commissioning Phases are to be conducted):

FACILITY NAME (if applicable)

ADDRESS	CITY	ON PROVINCE	POSTAL CODE
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5. Facility Details:

Commercial



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

AUTHORIZED SIGNATURE:	DATE:
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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

APPROVED ESTIMATED PARTICIPANT INCENTIVES:

DATE APPLICATION APPROVED (MM/DD/YYYY):

APPROVED BY:

PARTICIPANT INCENTIVE PAYMENT APPROVAL

ESTIMATED PARTICIPANT INCENTIVES PAYMENT AMOUNT:

(LDC NAME)	AUTHORIZED SIGNATURE	DATE
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NAME	TITLE
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AUTHORIZED SIGNATURE	DATE
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NAME	TITLE
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