

WASHINGTON COMMERCIAL INDUSTRIAL REBATE APPLICATION

In the Community to Serve^o

CUSTOMER	INFORMATI	ON									
Company name							Project number				
Contact name					Title						
Mailing Addres	SS										
Telephone			Cell			Website					
Email											
How did you he	ear about the C	NG rebate progr	am?	CNG EE Dept □	lnstaller/C	Contractor 🗖	Electric Utility □	Bill Insert □			
CNG Website [☐ Equipment	Manufacturer □	Community E	vent 🛭 Trade	Association \square	Newspap	er 🗆 🛮 Electri	c Utility □			
PROJECT/FA	CILITY INFO	RMATION									
PLEASE ANS	WER THESE	Gas use type:	Heat \square	Water \square							
QUESTIONS - REQUIRED FOR ELIGIBILITY Is the site heated by an electric heat pump with natural gas backup? Yes □ No □ If yes, this is considered a dual fuel system and does not qualify for CNG rebates.											
Square footage	2		# of Floors			Electric Utility					
Cascade Natural Gas account #						Rate Schedule	504, 505, 511, 570				
Project name					County						
Site address											
BUILDING U	ISE TYPE										
Education	Lodging	Restaurant	Warehouse \square	Grocery \square	Retail \square	Agriculture \square	Healthcare \Box	Office			
Manufacturing		Other									
HOURS OF (OPERATION										
Mon	Tue	Wed	Thur	Fri	Sat	Sun	Weekly Hours	Total Annual Hours			
SELECT YOU	IR REBATE										
EQUIPMENT	T TYPE EXAM	1PLES: Furnac	ce, Heater, Bo	iler, Boiler V	ent Damper,	, Boiler Stean	n Trap ¹ , Dom	estic Hot Water ⁴ , Ozone			
Laundry⁴, N	lotion Contr	ol Faucet ⁴ , O	ven, Griddle,	Steamer, Fry	er, Dishwash	ner⁴ and Reci	rculation Cor	ntrols ⁴			
Equipment		1	I	New, Retrofit	Installation		I				
Туре	Model	Serial #	Size	Replacment?	Date	Rebate	Quantity	Total Rebate Amount			
Existing equipment being replaced				Model #			Existing Estimated Efficiency %				

DEMAND C	ONTROL VEN	ITILATION ²							
HVAC Unit	HVAC Unit		1	Cooling	DCV Heil	/Controllor	Pohata @dag		
				Capacity	DCV Unit/Controller (Make/Model #)		Rebate @\$20		
Number	Manufacturer	Model #	Age	(Tons)	(IVIAKE)	iviouei #)	per ton	Total Rebate Amount	
INCLUATION	N ³ Inculation	a Types are P	atts/Roll, Foa	m Pigid Lo	oso Eill Dini:	26			
		Roof Type	l	iiii, Kigiu, Loc	ose riii, Pipii	I I	I	Total Rebate	
Туре	Area	Kooi Type					Square	Amount	
Batts/roll, foam,	, Wall, Attic,	Pitched, Flat or	Installation Date	CNG Rebate	Pre-R Value	Post-R Value	Footage of	(\$/sq. ft. x	Total Project Cost
rigid, loose fill, piping	Roof, Pipes	Both		(\$/sq. ft.)			Area	Square	
pipilig								Footage)	
MANDONAG	Due Friedine		-l D4		FDCV CTADE) Alauthau 7a	!!	< 0.27	
WINDOWS-	- Pre-Existing	must be sing	gle pane; Post	must be EN	ERGY STAR	Northern 20	ne, O Factor	≤ 0.27	
	Туре		Install Date	CNG Rebate	Square Fo	otage of Area	Total Rebate Amount (\$/sq. ft. x Square Footage		
	Турс			(\$/sq. ft.)	,,,,,	rage of rica	(9/34. 1t. x 34udre 1 30tage)		
Insulation pr	rojects in spaces wit	th existing, function	nal insulation do not	qualify. Functional	If exist	ing insulation is dam	aged to the point o	of ineffectiveness o	or applied in spotty coverage,
		sting insulation less	•	d by CNC	the ins	ulation must be rem	oved and the cond	ition that led to the	e ineffectiveness/damage
-			natural gas provided lled on top of the roo	•		e corrected before t ion R value must me			tariff
GENERALO	UALIFICATIO	MC	<u> </u>						
			omer of Cascade N	Natural Gas on or	ne of the followi	na rate schedules	· 504 505 511 F	570	
			r heating & cookin						encv
_		=	gram representati		-		· ·		•
			ebruary 1, 2021	ve ii tiie equipiii	erre being matan	cu is not on the p	resemptive interi	tive not attached	•
		nay only receive	• •						
				auiff ammunicad m		+ +h - +if	installation		
			y applicable for to			ce at the time of	installation		
			tate and local co	•			. 1.0.		1.40
			energy-efficienc	-			review qualific	ations and eligi	DIIITY
			cement every sev				must most lain	t I Itility Advanc	ed Rooftop Control
Guidelines	g Packageu nvAi	c with Gas Fireu	rumace and Dire	ect expansion co	ooning sections	DCV; Controller	must meet Join	t Othicy Advanc	ed Roontop Control
	alue of Post R-1	.1 applies only w	here existing wa	lls have an inter	rnal insulation of	cavitiy			
			as-fired domestic				or fixture		
APPLICATION	N REQUIREN	MENTS CHECK	KLIST		·				
W-9 🗖			nber and cost D]	Equipmer	nt Specifications		Signed Appl	ication \square
ACCEPTANO	F OF TERMS	AND CONDI	TIONS		_4			- 0 - 1 - 1	
									presents to CNGC that a
									difications" section.
									pletion. Participants
			e purpose descrik		res may review	and evaluate the	project during	and arter comp	netion. I di ticipants
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Sign I	loro								
Jigh I	ICIC								
Participant	Signature						Date		
VIIII III III III III III III III III I		OC Compania	c		Questions?	Dhore			
iviail:		RC Companie		Phone:	866-450-0005				
1180 Nw Maple Street Suite 310						Fax:	877-671-2998		
	Issaquah, W	/A 98027		Email:	conserve@c	ngc.com			