|  |  |  |
| --- | --- | --- |
|  | ***energy right*® Program****New Homes Plan Work Completion Form** | OMB No. 3316-0019Expires: MM/DD/YYYY |

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | **Power Distributor:** |       |  |
|  |
| **2.** | **Work ID Number:** |       | *(Work ID Number is assigned by energy right Information System)* |
|  |
| **3.** | **Inspection *(open)* Date:** |       | *(mm/dd/yyyy)* |
|  |
| **4.** | **Rating File Name:** |       | **or** |       |
|  |  | *(\*.blg, other)* |  | *(Prescriptive Standard)* |
|  |
| **5.** | **Efficiency Rating Version:** |       | **or** |       |
|  |  | *Software Version (RR, other)* |  | *(Prescriptive Standard)* |
| **6.** | **Builder Name:** |       |  | **[ ]  Builder is Homeowner** |
|  |
| **7.** | **Legal 911 Address of New Home:** |
|  |
|  |       |  |       |
|  | *Street Address* |  | *City, State, Zip Code* |
|  |
| **8.** | **Inspector Name:** |       |  |
|  |
| **9.** | **Total Conditioned Floor Area:** |       | (square feet) |
|  |
| **10.** | **Structure:** | [ ]  Single Family | [ ]  Multi-Family |  |
|  |
| **11.** | **Installed Heat Pump:** | [ ]  ASHP-Package | [ ]  ASHP-Split | [ ]  Advanced-Geo | [ ]  Advanced-Triple Function |
|  |  | [ ]  Dual Fuel Heat Pump | [ ]  Multi-Speed Compressor Heat Pump | [ ]  Other |
|  |
| **12.** | **Number of New Homes Completed at this Address with Efficiency Rating of:** |
|  | *energy right* (93 to 86) |       |  | *energy right* Platinum (≤ 85) |       |  | *energy right* Platinum Certified (≤ 85) |       |  |
|  |
|  | For Platinum Certified homes only: | HERS Provider |       | HERS Certification Number |       |
| **13.** | **HERS Rating Index:** |       |  |
|  |
| **14.** | **Total Cooling Capacity:** |       | (tons) |
|  |
| **15.** | **Number of Advanced Water Heaters Installed:** |       |  |
|  |
| **16.** | **Total Water Heating Capacity:** |       | (gallons) |
|  |
| **17.** | **Average Cooling Efficiency:** |       | SEER |
|  |
| **18.** | **Number of New Homes Inspected at this Address:** |       |  |
|  |

**For Distributor Records** *(Complete the following where required by distributor)***:**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | **Subdivison or Customer Name:** |       |  |
|  |
| **2.** | **Account Number:** |       | **Meter Number:** |  |
|  |
| **3.** | **Total Heating Capacity Installed:** |       | kbtu |
|  |
| **4.** | **Heat Pump Brand 1:** |       | **Heat Pump Brand 2:** |       |
|  |
| **5.** | **Average Heating Efficiency:** |       | HSPF | **or** |       | COP |
|  |
| **6.** | **QCN:** | [ ]  Yes | [ ]  No | **QCN Contractor:** |       |
|  |
| **7.** | **Building Floor Levels:** |       |  |
|  |
| **8.** | **Water Heater Brand:** |       |  |
|  |
| **9.** | **Date Passed Local Standards:** |       | *(mm/dd/yyyy)* |
|  |
| **10.** | **Incentive Paid:** | **$** |       | **Retained MVP:** | $ |       |  |
|  |
| **11.** | **Rating Certified by:** |       |  |
|  |
| **12.** | **Natural Gas Available?** | [ ]  Yes | [ ]  No |  |
|  |
| **13.** | **Contractor Paid?** | [ ]  Yes | [ ]  No |  |
|  |
| **14.** | **Comments:** |       |
|  |  |  |  |  |  |
|  | *Builder’s Signature* |  | *Inspector’s Signature* |  | *Date Completed* |
| *Signatures may be collected on Builder Affidavit* |