



WARWICK TOWNSHIP

Dept. of Planning & Zoning
1733 Township Greene, Jamison, PA 18929
www.warwick-bucks.org

For Warwick Township Use Only

Received by: _____

Check #:

Check Amount:

Zoning: _____

Building Inspector: _____

GREEN INCENTIVE DISCOUNT

PB#: _____

Property Address: _____

Owner Name: _____

Phone: _____ Email: _____

Contractor Name: _____

Phone: _____ Email: _____

Is this property: Residential Commercial

Please check which type of "Green Incentive Discount" you are applying for:

- | | | | |
|--|---|-----------------------------------|--|
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Hot Water Heater | <input type="checkbox"/> HVAC | <input type="checkbox"/> Energy Generation Equipment |
| <input type="checkbox"/> Insulation | <input type="checkbox"/> New Construction | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Central Air Conditioning |
| <input type="checkbox"/> Windows/Doors | <input type="checkbox"/> Bio Mass Stove | <input type="checkbox"/> Roof | <input type="checkbox"/> Other: _____ |

Who is your Third Party Green Certifier?

- LEED Energy Star Other: _____

Certificate #: _____ **PLEASE ATTACH CERTIFICATE TO FORM.**

Energy Efficient Air Conditioner/Heat Pump:

Brand: _____ Model Number: _____

Outdoor Unit Model # (Condenser): _____ Indoor Unit Model # (Evaporator): _____

Cooling Capacity (ARI Rating) _____ Btu

SEER Rating: _____ HSPF Rating: _____ COP: _____

(Heat Pump Only)

Geothermal System

What type of refrigerant does the unit use? _____

Water Heater:

Brand: _____ Model Number: _____

Size of tanks: _____ (gal) Energy Factor (EF): _____

Lighting Information:

Brand: _____ Model Number: _____ Qty: _____

Insulation:

"R-Value:" _____ Wall Ceiling Floor

Area (square feet): _____

Is the insulation made of recycled contents?

Yes No

If so, what material? _____

Is the insulation Low-Emitting Insulation? Yes No

Windows/Doors:

New Replacement

Double Glazed? Yes No

Quantity: _____

Size: _____

Plumbing:

Number of low flow showerheads: _____

Gallons per minute: _____

Number of low flow toilets: _____

Gallons per flush: _____

Number of low flow sink faucets: _____

Gallons per minute: _____

Are you insulating your hot water pipes? Yes No Are your toilets dual flush toilets? Yes No

Energy Generating Equipment:

Solar Panel (Electricity)

Solar Panel (Hot Water)

Wind Turbine

Other (explain: _____)

For solar panels:

Number of modules in series: _____

Number of panels (groups or modules) in parallel: _____

What is the system KW rating? _____

Is this an uninterrupted power supply (UPS) system? Yes No

Biomass Stove:

Pellet Stove Brand: _____ Model Number: _____ Qty: _____

Roof:

Manufacturer: _____ Type of roof covering material: _____

Total Cost of Project: _____

Signature: _____ Date: _____

This form will not be processed unless the Applicant attaches proof (Energy Star Certification, AHRI Certification, LEED Certification, etc.) to this form!