RETROCOMMISSIONING APPLICATION FORM

INSTRUCTIONS:
Please complete this form with as much information as you can easily provide. At minimum, please complete fields denoted by an asterisk (*).

Project Information

Company Name*	Company Contact Name*
Company Contact Email	Company Contact Phone* ( )
Name of the Facility	

Facility Address*	City*	State*	Zip*

Building Use (i.e. hospital, school, office, manufacturing, etc.)	Annual Hours of Operation

Describe your building's HVAC system. Select all that apply.*

Air Handling/Ventilation

Single Zone ☐

Constant Volume Reheat ☐

Variable Air Volume w/ Reheat ☐

Multizone (Hot Deck/Cold Deck) ☐

Dedicated Outdoor Air System (DOAS) ☐

Decentralized (Fan Coil Units, etc.) ☐

Other _____

*If more than one selected, describe the approx. % of the building with each system type.

_____

Cooling

Direct-Expansion (DX) ☐

Geothermal ☐

Heat Pump (Air- or Water-Source) ☐

Chilled Water ☐

District Chilled Water ☐

Other_____

Heating

Furnace ☐

Boiler (Hot Water) ☐

Boiler (Steam) ☐

Electric Resistance ☐

Geothermal ☐

Heat Pump (Air- or Water-Source) ☐

District Steam ☐

District Hot Water ☐

Other_____

Describe your existing control system. Select all that apply.*

No Controls ☐

In-Room Thermostats (stand-alone) ☐

In-Room Thermostats (Wi-Fi enabled) ☐

Fully Pneumatic ☐

Direct Digital Controls (DDC) for Central Units; Pneumatic Terminal Units Controls ☐

Fully Direct Digital Controls (DDC) ☐

*If more than one selected, describe the approx. % of the building with each system type.

_____

Building Geometry

Total Square Footage*	Year Built
Number of Stories Above Grade	Number of Stories Below Grade

Utility Information

Electric Provider*	Natural Gas Provider*
Electric Account Number (please list all)	Natural Gas Account Number (please list all)

I hereby authorize my electric and/or gas utility to release energy data to Michaels Energy.

Owner's Signature*	Date Signed

For Internal Use Only

Date Received	Date Approved