CENTRAL LINCOLN

Solar Hot Water

Request for Renewable Energy Incentive Reservation

System Owner, ("Applicant"), Information **Check One: O Business O Home Owner**

System Owner:		
Owner Contact Name:	Phone:	Email:
Mailing Address:		

System Installer(s) Information

Solar Contractor:	CCB No:	
ODOE Photovoltaic Technician Expiration Date:		
Solar Contractor Contact:	Phone:	Email:

Electrical Contractor:	CCB No:	
License No:		
Electrician Contact:	Phone:	Email:

Plumbing Contractor (if applicable):	CCB No:	
License No:		
Plumber Contact:	Phone:	Email:

Project Location Information

System Installation Address:_____			City:_____
Check One:	O New Construction	O Existing Structure Construction	
Module Racking: O Building Integrated		O Ground Mount	O Roof Mount
If Roof Mount, Remaining Design Life of Roof:_____			Years

Real Property Owner (if different than System Owner):		
Property Owner Contact:	Phone:	Email:
CLPUD Account Number:		
Planned Start Date:	Planned Completion Date:	

System Information (attach system line drawing or schematic)

OG300 Number:_____	Type: O Closed Loop (Glycol) O Drain Back O Thermosyphon
ODOE System Projected Annual Electrical Offset:_____	kWh/Yr
System Manufacturer:_____	

Tank Size (Solar):_____Gal	(Auxiliary):_____Gal
Solar Tank Make & Model:_____	Auxiliary Heat Source: _____
Collector Make & Model:_____	Number of Collectors:_____
Collector Tilt:_____°	Collector Orientation:_____°
Total Solar Resource Fraction (attach Sun Chart):_____%	

I, the applicant, have reviewed this application and attachments and find that it accurately represents the solar energy system I intend to install. Further, I am authorized to commission the installation of this system at the installation site address.

_____

Applicant Name (Print) *Applicant Signature* Date

Attachments: O Line Drawing or Schematic O Sun Chart O BETC Pre-Application (if applicable)

Mail Completed Form to:

CLPUD: Energy Services Department
P.O. Box 1126
Newport, Oregon 97365

REV:09/09