



Solar Hot Water

Request for Renewable Energy Incentive Reservation

System Owner, ("Applicant"), Information Check One: Business 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:	<input type="radio"/> New Construction	<input type="radio"/> Existing Structure Construction
Module Racking:	<input type="radio"/> Building Integrated	<input type="radio"/> Ground Mount <input type="radio"/> 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: <input type="radio"/> Closed Loop (Glycol) <input type="radio"/> Drain Back <input type="radio"/> 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: Line Drawing or Schematic Sun Chart BETC Pre-Application (if applicable)

Mail Completed Form to:

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