

Enrolment Application
File Number :

Tel: 902-431-8453 fax: 902-431-8539

		RATING SYSTEM				Office Use Only			
Enrolment Fee From:					Contact:				
Phone:									
Mailing Address:									
-									
House Owner:						Phone:			
New House Address:									
(Include Postal Code)									
	EG83				clude an En		ency Ques	tionair	e
The following									
Ensure ALL	•	-	•		•	•			
Building Permit Date:		. •.	-	rrent stage			J		
Provide the following:	Full set of	plane (mi-	_ n. 1/8"=1')	_		with North	arrow		
1 10 rue me following.		_	Schedule		•	ghts marked			
	Floor Joist		circuit		•	s Heel	-	— Raised I	Heel
Insulation	Type	-	R-value			Type		R-valu	
Flat Ceiling		-		Cantilevere				R-	
Sloped Ceiling			-	Floors Abov				R-	
Ext. Framed Walls				Bsmt. Conc	_			R-	
Shared Wall (Garage)			R-	Conc.Floor-	-Perimeter			R-	
Floor Joist Headers			R-	Conc. Floor	-Center			R-	_
Window Type: (circle)	Glazing:	dble/triple	Coating:	clr / LowE	Fill:	air / argon	Spacer:	metal /	' ins.
Heat Recovery Ventilate	<u>or:</u>	Make:			Model:				
Heating System:	Fuel:		Type:						
Make/Model:					Output:			BT	U/hr
Domestic Hot Water:									
* The EnerGuide I accompany this for	Rating Sys	tem for N paid in ful	ew Homes ll before tl	s enrolmen he Design	nt fee of \$3	300.00 + \$4 n is started	45.00 HST	must	
Client Signature:					Date:				

