

# R-2000\*

Builder #

## Enrolment Application

File Number :
Office Use Only

Enrolment Fee From: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

House Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

New House Address: \_\_\_\_\_

(Include Postal Code) \_\_\_\_\_

Target: EG86 EG8\_\_ Please include an Energy Efficiency Questionnaire

The following information is required to perform the Design Evaluation of your house.  
Ensure ALL the information is clearly marked in the space provided to avoid delays.

Builder Warranty #: \_\_\_\_\_ House Warranty #: \_\_\_\_\_  
Building Permit Date: \_\_\_\_\_ Current stage of Project: \_\_\_\_\_

Provide the following:

Full set of plans (min. 1/8"=1')	<input type="checkbox"/>	Site plan with North arrow.	<input type="checkbox"/>
Window and Door Schedule	<input type="checkbox"/>	Floor heights marked on plan.	<input type="checkbox"/>
Floor Joist Depth: _____ inches		Roof truss Heel	Regular / Raised Heel

<u>Insulation</u>	Type	Qty "	R-value		Type	Qty "	R-value
Flat Ceiling	_____	_____	<b>R-</b>	Cantilevered Floors	_____	_____	<b>R-</b>
Sloped Ceiling	_____	_____	<b>R-</b>	Floors Above Garage	_____	_____	<b>R-</b>
Ext. Framed Walls	_____	_____	<b>R-</b>	Bsmt. Concrete Walls	_____	_____	<b>R-</b>
Shared Wall (Garage)	_____	_____	<b>R-</b>	Conc.Floor-Perimeter	_____	_____	<b>R-</b>
Floor Joist Headers	_____	_____	<b>R-</b>	Conc. Floor-Center	_____	_____	<b>R-</b>

Window Type: (circle) **Glazing:** dble/triple **Coating:** clr / LowE **Fill:** air / argon **Spacer:** metal / ins.

Heat Recovery Ventilator: Make: \_\_\_\_\_ Model: \_\_\_\_\_

Heating System: Fuel: \_\_\_\_\_ Type: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Output: \_\_\_\_\_ BTU/hr

Domestic Hot Water: Fuel: \_\_\_\_\_ Type: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_ gal

**\* The R-2000 enrolment fee of \$800.00 + \$120.00 HST must accompany this form and be paid in full before the Design Evaluation is started. Make cheques payable to:  
HAWK-EYE Technical Services Inc.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

