

State of New Hampshire Public Utilities Commission Sustainable Energy Division



21 S. Fruit Street, Suite 10, Concord, NH 03301-2429

STEP 2: REBATE PRE-APPROVAL APPLICATION FOR RESIDENTIAL BULK-FUEL FED WOOD PELLET BOILERS AND FURNACES

REVISED 07-25-16

Residents who choose to install systems, in whole or in part, prior to approval by the Commission may still apply for this rebate payment by submitting both the Step 1 and Step 2 applications, but the rebate payment is conditioned on meeting the requirements listed in both the Step 1 and Step 2 applications and subject to available funding.

Please submit application and all associated documents to: Sustainable Energy Division New Hampshire Public Utilities Commission 21 S. Fruit Street, Suite 10 Concord, NH 03301-2429

Because this application requires original signatures, paper copy submission is required

| APPLICANT INFORMATION | | | | | |
|-----------------------|------|------|--|-------|-----|
| Applicant Name | | | | | |
| | | | | | |
| Mailing Address | | City | | State | Zip |
| | | | | | |
| Telephone | Cell | | | | |
| | | | | | |
| Email Address | | | | | |
| | | | | | |

| INSTALLED SYSTEM INFORMATION | | | | | | |
|--|--------------------------------|---------------------------------------|----|----------------------------------|----|--|
| Date the System Became Operational (must be on or after July 9, 2016) | Serial number of the Appliance | Step 1 approval received from PUC? | | Are all major components new? | | |
| | | YES | NO | YES | NO | |
| | | | | | | |

If there were no changes in project equipment, system specifications, the Step 1 Project Cost Summary or other information included in the Step 1 application, check here
and proceed to the Required Attachments on page 3.

CHANGES TO PROJECT INFORMATION

Describe in the space below any changes in the project equipment, system specifications, or other changes to the information provided in the Step 1 Rebate Pre-Approval Application.

| REVISED PROJECT COST SUMMARY AND ADJUSTED REBATE CALCULATION | | | | | |
|--|---|-------------|-----|--------------------|--|
| | Project Components | | | Cost | Rebate |
| | Appliance (Boiler or Furnace) | | | \$ | |
| | Fuel Storage Bin | | | \$ | |
| | Fuel Conveyance | | | \$ | |
| | Controls and Circulators | | | \$ | |
| | Thermal Storage Tank | | | \$ | |
| | Indirect Hot Water Heater | | | \$ | |
| | Labor (excluding any self-labor) | | | \$ | |
| | Carbon Monoxide Detector (Indoor Storage Only) | | | \$ | |
| | Other eligible components up to the point of interconnection with heat distribution system. | | | \$ | |
| | Revised Total Project Cost | | | \$ | Total Project Cost * 40% up to \$10,000 |
| | | \$ | | | |
| | Wood Pellet Fuel Storage Adder | Storage Bin | | ed Rebate Subtotal | (#tons – 3) * \$100 up to \$500 |
| | Add \$100/ton for bins over 3 tons up to \$500 | t | ons | Storage Adder | \$ |
| | REVISED TOTAL REBATE (Rebate Subtotal + Storage Adder) | | | | \$ |

| REQUIRED ATTACHMENTS | | | | | |
|--|---|----------|---------|--|--|
| These | items (copies) must be attached to the application: | Attached | | | |
| 1. | Paid invoice(s) indicating total costs for parts and labor. | | | | |
| 2. | Pictures of the installed heating system. | | | | |
| 3. | Pictures of the installed bulk storage system, including a picture of the safety placard. | | | | |
| 4. | Picture of the carbon monoxide detector (indoor storage only). | | | | |
| 5. Docum | Documentation of the rated BTU/hr of the system. | | On file | | |
| | bocumentation of the fated Bro/In of the system. | | | | |
| 6. Docum | Documentation of thermal efficiency. | | On file | | |
| 0. | b. Documentation of thermal efficiency. | | | | |
| The licensed plumber, electrician, or fire department designee can initial and date the applicable box(es) provided, | | | | | |
| or provide a short letter. | | | Date | | |
| 7. | Documentation that the installed system has been inspected by a local building code official or, if a | | | | |
| | boiler, a NH licensed plumber, or, if a furnace, a NH licensed electrician. | | | | |
| 8. | Building permit or other documentation that the facility meets local zoning regulations (if none, | | | | |
| 0. | please explain). | | | | |
| 9. | System approval and sign-off from the municipal fire chief or designee or the State Fire Marshal or | | | | |
| | designee. | | | | |

DECLARATION

The Undersigned applicant declares under penalty of perjury that:

- 1. The applicant has purchased and installed the heating system described above;
- 2. The pictures included are of the applicant's installed system;
- 3. The applicant will not sell or otherwise transfer the equipment unless as a part of a sale of the home for a period of 10 years;
- 4. The information provided in both the Step 1 Rebate Pre-Approval Application and this Step 2 Rebate Request Application are true and correct to the best of the applicant's knowledge and belief;
- 5. The applicant understands that program funds are limited and available on a first come, first serve basis;
- 6. Submission of the Step 1 Rebate Pre-Approval Application guarantees the applicant's place in the funding queue for a period of three months, after which the funding will be reallocated unless a one-time written extension has been approved by the Commission; and
- 7. The applicant agrees that the system, installation, and documents supporting the application may be audited and inspected by the NH Public Utilities Commission, and agrees to provide energy production data on the system for a period of ten (10) years if requested by the Commission.

| Applicant Signature Only one signature needed per household. | | Date | | |
|---|------------------------|------------------------------------|--|--|
| Subscribed and sworn before me this | (day) of | (month) in the year | | |
| | County | | | |
| in the State of | of | | | |
| | | | | |
| | | Notary Public/Justice of the Peace | | |
| | My Commission Expires: | | | |

PAYMENT INFORMATION

Your social security number is required for payment purposes. An IRS Form 1099, report of miscellaneous income, may be issued for this payment. We are asking for this information on a separate page to allow this personal information to be separated from the application and to be held confidentially at the Commission's offices or the office of the State Treasurer.

Applicants who do not provide their social security number will not be eligible for an incentive payment. We thank you for your understanding.

| Name (only the name of the individual whose social security number is provided below.) | | | | | |
|--|---|-------|-----|--|--|
| | | | | | |
| Mailing Address | City | State | Zip | | |
| | | | | | |
| Telephone | Cell | | | | |
| | | | | | |
| Email Address | Social Security Number (required for payment) | | | | |
| | _ | - | | | |

For questions regarding this rebate program, email <u>rcphsrebates@puc.nh.gov</u>, or call (603)271-6011.