

SmartStart New Construction Buildings Program
Prescriptive Horticultural Lighting Application
 FY25 July 1, 2024 – June 30, 2025



Customer Information

Company Name (as listed on utility bill)		Formal Legal Company Name		
Company Type	NAICS Code	Federal Tax ID#	State Tax ID # (if Different)	
Customer Contact Name	Title	Phone	Email	
Mailing Address	Apt/Suite#	City	State	ZIP
How did you hear about us? _____		Enter type of product grown indoors: _____		

Facility and Project Information

Facility Address	City	State	ZIP
Electric Utility Serving Facility	Electric Account Number		
Facility Type	Project Start Date (Anticipated or actual)	Project End Date (If completed)	
Facility Contact for Inspection	Title	Phone	Email

Contractor/Vendor Information

Contractor Company Name			
Contractor Contact Name	Title	Phone	Email
Mailing Address	Apt/Suite#	City	State ZIP

Payee Information

Payee Company Name	Payee Federal Tax ID#	Payee Tax Information	
Payee Contact Name	Title	Phone	Email
Mailing Address	Apt/Suite#	City	State ZIP

Customer Authorization and Signature

- I agree to the terms and conditions of the SmartStart Buildings Program and the specific program requirements for this measure.
- I agree that this document and all notices and disclosures made or given relating to this document may be created, executed, delivered and retained electronically and that the electronic signatures appearing on this document and any related documents shall have the same legal effect for all purposes as a handwritten signature.
- The information, statements and documents I have provided in and with this document are true and accurate to the best of my knowledge. I am aware that if any of them are willfully false, I am subject to punishment.
- By signing this application, the signatories agree to comply with the provisions of the New Jersey Prevailing Wage Act, N.J.S.A. 24: 11-56.26 et seq., (Act), if and to the extent that Act may apply to the work covered by this application.
- If applicable, I authorize payment of the incentive to the third party listed in the Payee Information field of this application.

Customer Signature _____ Date _____
 Printed Name _____ Title _____