



# Energy Benchmarking Building Data Form

Fill out this form and follow the instructions at the bottom to receive a free energy performance benchmark

**General Info** Name of Facility/Building \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Point of contact: Name/Title \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Facility owned by (for profit, not for profit, or governmental) \_\_\_\_\_

**Building Info** Year built \_\_\_\_\_ No. of floors \_\_\_\_\_

Size of building (sq. ft.) \_\_\_\_\_ Maximum number of employees at one time \_\_\_\_\_  
(Do **not** include unheated spaces)

Building Type/Description \_\_\_\_\_

Heating System and Fuel \_\_\_\_\_ Percent of building heated \_\_\_\_\_

Cooling System \_\_\_\_\_ Percent of building cooled \_\_\_\_\_

Average Occupancy (%) \_\_\_\_\_

Number of operating hours per week \_\_\_\_\_ Number of months operated per year \_\_\_\_\_

Does property include more than one store (e.g. enclosed mall, etc.)?  Yes  No

Does property include a restaurant?  Yes  No Does property include a post office?  Yes  No

Size (sq.ft.) of restaurant space? \_\_\_\_\_ Size (sq.ft.) of post office space? \_\_\_\_\_

### **Utility Info**

Electric Utility \_\_\_\_\_ Electric Utility Account # \_\_\_\_\_

Gas Company \_\_\_\_\_ Gas Company Account # \_\_\_\_\_

Oil Supplier \_\_\_\_\_ Oil Supplier Account # \_\_\_\_\_

Does your building purchase other energy (propane, chilled water, steam or other)  Yes  No

If so, please list the energy source(s) and account information \_\_\_\_\_

### **Other Info**

Does your facility use any electricity generated on site?  Yes  No

What % of your total capacity are you currently running at: \_\_\_\_\_

**INSTRUCTIONS:** Please fax, mail or email one completed Building Data Form for each building along with the most recent thirteen (13) consecutive months or more of utility bills, or a completed and signed Utility Data Release Form to:  
TRC Energy Services, Attn: Benchmarking, 317 George Street, Suite 520, New Brunswick, NJ 08901  
Phone: (732) 855-0033 Email: benchmarking@NJCleanEnergy.com

## Additional Building Information

### Operating Characteristics

Number of personal computers \_\_\_\_\_ Number of cash registers \_\_\_\_\_  
 Number of walk-in refrigerator/freezers? \_\_\_\_\_ Area of walk-in refrigerator/freezer units (sq.ft.) \_\_\_\_\_  
 Number of reach-in refrigerator/freezers? \_\_\_\_\_ Length of reach-in refrigerator/freezer units (ft.) \_\_\_\_\_  
 Cooking facilities?  Yes  No  
 Building operated on weekends?  Yes  No Exterior entrance to the public?  Yes  No  
 Open parking lot size (sq.ft.) \_\_\_\_\_ Enclosed parking lot size (sq.ft.) \_\_\_\_\_  
 Electricity used for lighting within parking areas?  Yes  No  
 Supplemental heating within parking areas?  Yes  No

### Barriers

What are your biggest challenges to implementing energy efficiency work? (check all that apply)

Funds: \_\_\_\_\_ Time: \_\_\_\_\_ Expertise: \_\_\_\_\_ Don't know how to get started: \_\_\_\_\_ Staff: \_\_\_\_\_ or Other (please explain): \_\_\_\_\_

### CBECS Areas

Please enter the percentage of your gross area that can be characterized as one of the space types listed below. Do not count spaces twice; pick the most specific choice by using subtypes where applicable. For example, if you have Food Service, list that space in "Restaurant" or "Fast Food" not "Food Service". Total should equal 100%.

Space Type / Subtype	% of Gross Area	Space Type / Subtype	% of Gross Area
Food Sales	_____	Public Assembly	_____
Grocery Store / Food Market	_____	Entertainment / Culture	_____
Convenience Store	_____	Library	_____
Food Service	_____	Recreation	_____
Restaurant/Cafeteria	_____	Social / Meeting	_____
Fast Food	_____	Public Order and Safety	_____
Health Care (Inpatient)	_____	Fire/Police Station	_____
Specialty Hospital	_____	Courthouse	_____
Acute Care Hospital	_____	Service (Vehicle Repair, Postal Service)	_____
Children's Hospital	_____	Storage / Shipping / Warehouse	_____
Health Care (Long Term Care)	_____	Self Storage	_____
Health Care (Outpatient)	_____	Non-refrigerated Warehouse	_____
Medical Office	_____	Refrigerated Warehouse	_____
Clinic / Other	_____	Distribution/Shipping Center	_____
Lodging	_____	School (pre-school, daycare, etc.)	_____
Mall (Strip Mall or Enclosed)	_____	Religious or Faith Based Facility	_____
Office Space	_____	Other (please describe)	_____