

Green Building Incentive Program Registration DEVELOPMENT SERVICES DEPARTMENT

505 South Vulcan Avenue Encinitas CA 92024 Phone (760) 633-2710

PROJECT:

Project Name:



Complete the following information about the green building project, the property owner, the applicant (if different from the property owner), and the green building program(s):

Description (include the numbers of any related City permits or cases)	١.	
	/·	
PROPERTY OWNER(S):		
Name:	Phone:	
email:		
Address:		
	State:	Zip:
APPLICANT:		
Name:	Phone:	
Organization:	Phone:	
Address:		
	State	Zip
Permission to publish project information in City green project list	□ Yes	□ No
Signature of Owner, Applicant, or Authorized Agent		Date
Print or Type Signatory's Name		
◀ ◀ COMPLETE GREEN BUILDING PROGRAM INFORMAT	ION ON OT	HER SIDE ▶▶▶
FOR PLANNING DIVISION USE ONLY Building Permit No Building System:		
Date verified: By: USGBC LEED® Rating System:	_	
Date verified: By:		
□ Related permit/case numbers:		Date Received

GREEN BUILDING PROGRAM:

Check the box for the green building program(s) for which the project is registered. Provide the required submittal items, the requested information, and the appropriate signature(s).

□ Build It Green	
Required Submittal Items:	
 □ Completed registration form (this form) □ Proof of payment of GreenPoint Rated applic □ A copy of the initial GreenPoint Rated Check □ Proof of contract with Certified GreenPoint R □ Proof of certification for contracted Certified □ Green building measures identified on building 	klist with supporting documentation Later GreenPoint Rater
GreenPoint Rater: Complete the following informa	tion.
Name:	Phone:
Organization:	
email:	
Address:	
	StateZip
□ USGBC LEED®	
Required Submittal Items:	
□ Completed registration form (this form) □ Proof of registration with USGBC □ Proof of payment of registration fee to USGE □ Initial project LEED® checklist with supportin □ Green building measures identified on buildi	g documentation ng plans for building permit submittals
LEED® Project Administrator: Complete the follow	ving information.
Name:	
Organization:	Phone:
email:	Fax:
Address:	
City	StateZip