

GREEN MARK FOR EXISTING BUILDINGS APPLICATION FORM

This application form is to be submitted, together with the Project information sheets (7 pages altogether) duly completed and all required documents listed in the checklist to:

The Deputy Director
Green Mark Department
Building and Construction Authority
5 Maxwell Road
#17-00 Tower Block, MND Complex
Singapore 069110

We, _____ (name of building owner) would like to engage the Building and Construction Authority to assess the project

Note: BCA will inform the applicant on the assessment fees payable upon receiving the application form.

Name & Signature of Applicant
(Developer)

Date

Designation of Applicant

Company's Stamp

Address of Applicant (Invoicing address):

For Official Use Only:

Registration No.

PROJECT INFORMATION (Sheet 1)

PROJECT DETAILS

Description of Building:		
Building Name: (Short)		New / Existing Building (pls delete one)
Developer/Building Owner:		
Building Type:	GM Recertification Project Yes / No (pls delete one)	If previously Green Mark certified project, please state criteria it was assessed under.
A Subsidiary of A Major Developer, if applicable		
Architect:		
M&E Engineer:		
Contractor:		
Landscape consultant / contractor:		
Managing agent / Maintenance Contractor:		
Facility Manager:		
Other specialist consultant/contractor		
Preferred date of Assessment:		

	Names of Contact	Organisation	Designation	Contact no.	Email Address
Building Owner/ Client					
Facility Manager					
Consultant (if any)					

#please furnish the contacts Building Owner/Client and at least two (2) contacts for assessment.

CHECKLIST OF DOCUMENTS TO BE ENCLOSED WITH APPLICATION

1. Completed Annex A Form.
2. Submit a recently completed building energy audit report. Already have energy audit report (last one year) from qualified M&E engineer / accredited ESCO.

If an energy audit has not been conducted in the last one year, you will be (choose one of the following):

Engaging BCA's Term Contractor to determine the air-conditioned plant efficiency and enjoying a one-time 50% co-funding.

OR

Engaging your preferred contractor (qualified M&E engineer/ accredited ESCO) to check the chiller system kW/ton and claiming the one-time 50% co-funding based on BCA's Term Contractor rate.

Building Information

1. Building ID _____ (for BCA Use) Date of Reporting _____
2. City _____ Country _____ Postcode _____
3. Building Name _____
 Building Address _____
 Building Owner Name _____
4. Property Management Company Name _____
5. Contact Person _____ Designation _____
 Tel.: _____ Fax: _____ Email: _____
6. Date of TOP (Temporary Occupancy Permit) ____/____/____ (Month/ Year) Building Age: ____
7. Date of Last Major Renovation on Envelope, Extension, Lighting, HVAC, and/or etc.:
 ____/____/____ (Month/ Year), Specify* _____

8. Building Ownership: Sole Owner Occupied, Landlord + Multi-Tenants,
 Multi-Tenants, Others _____
9. Public/ Private Sector: Public Sector, Private Sector
10. Principal Building Use Type: Office Retail Industrial Hotel
 Other Mixed Activities, Specify* _____
11. Type of Main HVAC: Central Air-Condition, Stand-Alone System (Water/ Air Cool),
 Split Unit, FCU VRV Natural Ventilated Mixed System, Specify*
12. No. of Storey (Above Ground) _____ No. of Basement Floor _____
13. No. of blocks within development _____ Total No. of Units/rooms (residential, hospital, hotel) _____
14. Typical Floor-to-Floor/ Ceiling Height _____ m; Gross Building Volume _____ m³;
 Gross Floor Area _____ m² or sq ft; Net Lettable Area _____ m² or sq ft
 Air Conditioned Building Volume _____ m³; No. of Lifts _____
15. Environmental Setting Points (Air Conditioned Area): Temp _____ °C, Relative Humidity _____ %
16. Number of Closing Days in The Year (besides weekends and public holidays): _____ Days.
17. Number of light switches in an open plan area: _____ No. of switches/100m²

(b) Other Fuel Types:

Fuel Type	Bill Start Date	Bill End Date	Energy Consumption	Unit	Remark
Diesel					
Gas					
Purchased Cooling					
Renewable Energy					

19. Detailed Operating Schedule of Major Energy Consuming Systems

Table-3. Systems' Operating Schedules*

	Chiller 1 (Operating Hours & Capacity)	Chiller 2 (Operating Hours & Capacity)	Lighting	Mechanical Ventilation	Lift/ Escalator
Weekday					
Saturday					
Sunday/ Public Holiday					
Hours/Week					

For higher number of equipment (chillers), please attach a separate sheet showing the Detailed Operating Schedule of Major Energy Consuming Systems.

20. Age of the Main Energy Consuming Systems and Equipment: Chiller plant _____ Lighting _____
lift _____ Mechanical Ventilation _____ Computer _____

21. **Total number of chillers in operation (i.e. refers to the maximum number of chillers that needs to operate at any instant) and total number of chillers that operate in an entire day (if any chillier operate at least 15 min will also be considered).**

Total number of chillers in operation _____

Total number of chillers that operate in an entire day _____

22. Previous Energy Audit Completed: Yes No

Specify, _____

23. Building Energy Retrofitting Under Consideration: Yes No

Specify, _____

24. Other Special Systems in Building:

On-site Generation, Cogeneration, Thermal Storage, Others: _____

25. Energy Saving Design Features in the Building

e.g. Passive energy design features: effective use of site natural environment (natural ventilation, landscape and water body), building envelope design, shading and daylight usage. Active energy design features: air conditioning design, energy recovery system, energy saving lighting fixtures and control, and building automatic management system. Management: energy management schemes and education of users, energy management committees, etc.

Passive: _____

Active: _____

Management: _____

Airconditioned space (m²) : _____ Naturally-ventilated space (m²) : _____

26. Type of Building Control System

- Programming Lighting Control (PLC) Supervisory Control System (SCS)
- Building Automation System (BAS) Setback Control System
- Temperature Control Energy Management Others _____

I certify that the information given above is true and accurate and that BCA may seek to verify them independently, if required.

Name: _____

Designation: _____

Tel: _____

Fax: _____

Email: _____

Company Stamp:

Signature: _____

Date: _____