



HIGH PERFORMANCE CERTIFICATION PROGRAM

Registration, Waiver, and Modification Form

OFFICE OF THE STATE ARCHITECT

Department of Personnel & Administration

Date: _____

PROJECT INFORMATION

Name of Building Owner: (State Department, Institution of Higher Education, School District, Local Municipality, Other): _____

Project Manager: _____

E-mail: _____ Phone: _____

Project Name & Unique Project Number: _____

Project Address, City, Zip: _____

Building Type: _____

(K-12, Higher Education, Governmental, Medical, Other (please indicate))

Type of Construction, (New, Renovation, Addition, or any combination of the three): _____

Project Cost (Estimate) \$: _____

(Design and Construction, do not include any land purchase cost)

Source of funds (and percentage of amounts): _____

(Example: Owner (15%), DOLA grant (15%), Historical Grant (15%), etc. up to 100%)

Building Gross Square Footage (GSF): _____

New Building GSF: _____ Renovation GSF: _____ Additional GSF: _____

High Performance Certification Program Sustainable Guideline and Goal

Sustainable Guideline: _____, Goal: _____

Date Project Registered with Certifying Organization: _____

Project's Registered Name (if different than the name above): _____

WAIVER INFORMATION, JUSTIFICATION

☐ The new Construction, the substantial renovation, the addition, or combination of the project's new/renovation/addition is less than 5,000 gross square feet (GSF). An attached non-office space to a building, a vehicle, or a maintenance facility that is seasonally heated or cooled, that GSF is not included in the project's GSF calculation.

☐ Project does not include a HVAC system or complies with the applicable ICEE low energy requirements.

☐ Project cost of the substantial renovation of the building is less than 25% of the current replacement value

Enter the Current Building Value \$: _____ and Date of most recent valuation: _____

☐ Increased costs over the baseline project budget cannot be recouped from decreased operational costs within a 15-year period (in aggregate) as documented. If the project is requesting this waiver based upon this item. include, as part of the registration process, a draft criteria checklist. Request assistance from either OSA, CDE, or CDLA on requirement checklist additional information.

MODIFICATION INFORMATION, JUSTIFICATION

☐ Modification: Initial project development can't meet the minimum HPCP GOALS.

☐ Provide the applicable sustainable checklist to indicate potential or practicable credits under consideration.

☐ Other Modifications justification. In either in a separate memo or in an email, provide the reason for this justification.