

Jefferson County C-PACER Program

Attachment 3: Certification of Qualified Improvements

I, the undersigned, hereby certify the following facts and make the following certifications with respect to the project described in the attached Project Application (the “Project”) under the King County C-PACER Program:

1. I am a licensed Professional Engineer in the State of Washington, whose registration number and stamp are shown below, OR

2. I am accredited by or belong to a firm with an accreditation from:

American Society of Heating, Refrigeration, and Air-Conditioning Engineers (ASHRAE)
Building Energy Assessment Professional (BEAP)
Building Energy Modeling Professional (BEMP)
Operations & Performance Management Professional Certification (OPMP) High-\
Performance Building Design Professional Certification (HBDP)

Association of Energy Engineers (AEE)
Certified Energy Manager (CEM)
Certified Measurement and Verification Professional (CMVP)
Certified Energy Auditor (CEA)

Building Performance Institute
Energy Auditor

Investor Confidence Project
ICP Quality Assurance Assessor
Other: _____

Please provide verification of professional accreditation and recognition.

3. The application is for:
An existing building
New Construction

4. Please describe your relationship to the project:
I am employed by the project applicant in my professional capacity
I am a contracted independent third-party reviewer

5. I reviewed the following information regarding the project (e.g., equipment specifications OR design drawings/modeling OR permit applications OR an ASHRAE Level 1 assessment/energy assessment). Please describe materials reviewed:



6. The project proposal includes the “Qualified Improvements”, as defined in RCW 36.165, the C-PACER Ordinance, and the Program Guidebook, and the estimated useful life of each Qualified Improvement, which are listed in an attachment to this certification. (Please attach)
7. The proposed term of the financing does not exceed the weighted average effective useful life of the proposed qualified improvements.
8. The qualified improvements will be permanently affixed to the property

IF FOR AN EXISTING BUILDING (EXCLUDING SUBSTANTIAL RETROFITS) (check those that apply):

I CERTIFY:

The proposed Qualified Improvements will result in more efficient use or conservation of electricity or water, the reduction of greenhouse gas emissions, support the production of clean, renewable energy or the electrification of transportation.

Prior to the Qualified Improvements, the operation of the building relied on fossil fuels. After the qualified improvements, there are no fossil fuels used in the operation of the building.

The Qualified Improvements will result in improved resilience, which may include, without limitation, seismic resilience, flood mitigation, stormwater management, wildfire and wind resistance, energy storage and microgrids. If other, specify:

Prior to the installation of the Qualified Improvements, the pre-existing product, device, or interacting group or products or devices did not conform to applicable code requirements, or the subject property, as a whole, did not conform to the currently applicable code requirements for building energy, water efficiency or resiliency. After the Qualified Improvements are installed, the subject property will meet the applicable code or codes.

IF FOR NEW CONSTRUCTION (INCLUDING SUBSTANTIAL RETROFITS) (check those that apply):

I CERTIFY:

Each proposed Qualified Improvement will enable the subject property to exceed the code requirements for energy efficiency, water efficiency or renewable energy.

The building as a whole, as a result of the Qualified Improvements, exceeds applicable code requirements for building resiliency, energy or water efficiency.

The proposed Qualified Improvement will support the production of clean, renewable energy or electric vehicle charging infrastructure.

The proposed resiliency Qualified Improvements will enable the subject property to exceed the applicable code requirements.

Signature: _____

NAME: _____

Business name: _____

Business address: _____

Business contact email: _____

Business contact phone: _____

IF APPLICABLE

License No. _____

Stamp:

ATTACHMENTS (Please attach to certification)