

<b>TOWN of BABYLON</b> <b>LONG ISLAND GREEN HOMES PROGRAM</b> <b>2008/09 CLASS 8 LICENSE<sup>1</sup> – ENERGY AUDITOR</b> <b>REQUIREMENTS</b>	
<b>License Application Fee</b>	\$200 per license per year <sup>2</sup> Make check payable to: <i>Town of Babylon</i>
<b>Eligibility</b>	Persons, Corporations, Businesses or Other Legal Entity
<b>Eligibility Requirements</b>	1. Current Shell <u>and</u> Heating Certification from the Building Performance Institute;
	2. Current licensed contractor in Suffolk County for at least one year in good standing;
	3. Successfully completed at least ten (10) building energy audits; and
	4. General Liability Insurance in the sum of at least \$500,000.

<b>General Liability</b>
Accord Forms are Acceptable
<b>Current Disability</b>
Accord Forms are Acceptable
<b>Workers Compensation Certificate</b>
Certificate must be valid for the term of the license.
<b>SIGNATURE MUST BE NOTARIZED</b>
(last page of application)
<b>MAIL YOUR COMPLETED APPLICATION and</b> <b>ALL REQUIRED INFORMATION TO:</b>  Long Island Green Homes Town of Babylon 281 Phelps Lane, Room 19 North Babylon, New York 11704 ANY QUESTIONS: Call the Long Island Green Homes Hotline: (631) 422-4411 or visit the official website: <a href="http://www.ligreenhomes.com">www.ligreenhomes.com</a>
<b>Fax #</b> (631) 893-1008
<b>Hours:</b> Monday through Friday 8:30 a.m. to 4:30 p.m.

<sup>1</sup> The license is valid from October 1, 2008 through September 30, 2009

<sup>2</sup> The \$200 annual application fee for a Class 8 license is waived if applying simultaneously for both a Class 8 and a Class 9 license.



**TOWN of BABYLON  
LONG ISLAND GREEN HOMES PROGRAM  
CLASS 8 LICENSE APPLICATION:  
ENERGY AUDITOR**

**Long Island Green Homes Program Energy Auditor License Application**

**Company Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Mailing Address (if different from above):** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Federal Identification Number:** \_\_\_\_\_

**Or Social Security Number, if individual:** \_\_\_\_\_

**TELEPHONE NUMBERS:**

**Day:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Night:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Contact Person or Persons:** \_\_\_\_\_

**Class 8 License:** For ENERGY AUDITERS for the Town of Babylon's *LONG ISLAND GREEN HOMES PROGRAM*

**ALL PAGES MUST BE TYPEWRITTEN OR PRINTED IN INK.**



**TOWN of BABYLON  
LONG ISLAND GREEN HOMES PROGRAM  
CLASS 8 LICENSE APPLICATION:  
ENERGY AUDITOR**

**1. Has the Corporation or any Officer, Director or Stockholder ever been convicted of a felony?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide complete details including date and location. Attach copy of certificate of relief, if granted.

**2. Does the Corporation or any Officer, Director or Stockholder hold an interest in any other Business?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide complete details.

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**3. Has the Corporation or any Officer, Director or Stockholder executed any consent decrees, stipulations or dispositions with any Government Agency or Municipality with regard to any Government or RICO suit?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide complete details.

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**4. Has the Corporation or any Officer, Director or Stockholder ever had any License or Permit denied, suspended or revoked?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide complete details.

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**COMPLETE THE FOLLOWING  
FOR EACH DIRECTOR, OFFICER AND STOCKHOLDER OWNING MORE  
THAN 5% OF CORPORATE STOCK  
(USE ADDITIONAL SHEETS IF NECESSARY)**

<b>NAME:</b>			
<b>Also Known As:</b>			
<b>Title:</b>		<b>Date of Birth:</b>	
<b>Home Address:</b>			
<b>Social Security Number:</b>			
<b>Citizen of U.S.?</b>	<b>Yes</b> _____	<b>No</b> _____	<b>If no, Citizen of</b> _____
<b>PERCENTAGE OF OWNERSHIP:</b> _____%			

<b>NAME:</b>			
<b>Also Known As:</b>			
<b>Title:</b>		<b>Date of Birth:</b>	
<b>Home Address:</b>			
<b>Social Security Number:</b>			
<b>Citizen of U.S.?</b>	<b>Yes</b> _____	<b>No</b> _____	<b>If no, Citizen of</b> _____
<b>PERCENTAGE OF OWNERSHIP:</b> _____%			

<b>NAME:</b>			
<b>Also Known As:</b>			
<b>Title:</b>		<b>Date of Birth:</b>	
<b>Home Address:</b>			
<b>Social Security Number:</b>			
<b>Citizen of U.S.?</b>	<b>Yes</b> _____	<b>No</b> _____	<b>If no, Citizen of</b> _____
<b>PERCENTAGE OF OWNERSHIP:</b> _____%			

# LIST INDIVIDUALLY AT LEAST 10 BUILDING ENERGY AUDITS

<b>1. NAME OF BUILDING OWNER/CLIENT:</b>
<b>Building Address:</b>
<b>Telephone Number:</b>
<b>Approximate Date of Audit:</b>
<b>Brief Description of Audit Findings:</b>

<b>2. NAME OF BUILDING OWNER/CLIENT:</b>
<b>Building Address:</b>
<b>Telephone Number:</b>
<b>Approximate Date of Audit:</b>
<b>Brief Description of Audit Findings:</b>

<b>3. NAME OF BUILDING OWNER/CLIENT:</b>
<b>Building Address:</b>
<b>Telephone Number:</b>
<b>Approximate Date of Audit:</b>
<b>Brief Description of Audit Findings:</b>

**LIST INDIVIDUALLY AT LEAST 10 BUILDING ENERGY AUDITS  
(Cont.)**

<b>4. NAME OF BUILDING OWNER/CLIENT:</b>
<b>Building Address:</b>
<b>Telephone Number:</b>
<b>Approximate Date of Audit:</b>
<b>Brief Description of Audit Findings:</b>

<b>5. NAME OF BUILDING OWNER/CLIENT:</b>
<b>Building Address:</b>
<b>Telephone Number:</b>
<b>Approximate Date of Audit:</b>
<b>Brief Description of Audit Findings:</b>

<b>6. NAME OF BUILDING OWNER/CLIENT:</b>
<b>Building Address:</b>
<b>Telephone Number:</b>
<b>Approximate Date of Audit:</b>
<b>Brief Description of Audit Findings:</b>

**LIST INDIVIDUALLY AT LEAST 10 BUILDING ENERGY AUDITS  
(Cont.)**

<b>7. NAME OF BUILDING OWNER/CLIENT:</b>
<b>Building Address:</b>
<b>Telephone Number:</b>
<b>Approximate Date of Audit:</b>
<b>Brief Description of Audit Findings:</b>

<b>8. NAME OF BUILDING OWNER/CLIENT:</b>
<b>Building Address:</b>
<b>Telephone Number:</b>
<b>Approximate Date of Audit:</b>
<b>Brief Description of Audit Findings:</b>

<b>9. NAME OF BUILDING OWNER/CLIENT:</b>
<b>Building Address:</b>
<b>Telephone Number:</b>
<b>Approximate Date of Audit:</b>
<b>Brief Description of Audit Findings:</b>

**LIST INDIVIDUALLY AT LEAST 10 BUILDING ENERGY AUDITS  
(Cont.)**

<b>10. NAME OF BUILDING OWNER/CLIENT:</b>
<b>Building Address:</b>
<b>Telephone Number:</b>
<b>Approximate Date of Audit:</b>
<b>Brief Description of Audit Findings:</b>



**TOWN of BABYLON  
LONG ISLAND GREEN HOMES PROGRAM  
CLASS 8 LICENSE APPLICATION:  
ENERGY AUDITOR**

**Applicants must attach the following information to License Application:**

1. Copy of current Shell and Heating Certification from the Building Performance Institute;
2. Copy of current Suffolk County Contractor's License; and
3. Proof of General Liability Insurance in the sum of at least Five Hundred Thousand Dollars (\$500,000.00) with the *TOWN of BABYLON* listed as Additional Insured. Copy of Accord Form is acceptable.

**This Class 8 License Application is made by your deponent and intended to be filed with the Town of Babylon to fulfill the requirements of Section 133-14 of the Town of Babylon Code**

**The applicant hereby consents that any authorized representatives of the Town of Babylon will be permitted to make random on-site inspections during the hours of operation of any and all locations the applicant maintains for the purpose of determining compliance with the conditions of any license issued hereunder.**

**The applicant is familiar with and agrees to comply with the Code of the Town of Babylon, Chapter 57 and Chapter 133 and the regulations of the Sanitation Commission which are available on line at [www.townofbabylon.com](http://www.townofbabylon.com) or through the Town Clerk's Office.**

**The signatory below affirms the truth and accuracy under penalty of perjury of this application and any attached lists or information.**

\_\_\_\_\_, being duly sworn, deposes and says that (s)he resides at \_\_\_\_\_ in the County of \_\_\_\_\_, and State of \_\_\_\_\_, and that (s)he is the (owner in fee) or (\_\_\_\_\_ of the \_\_\_\_\_ Corporation, which is the owner in fee) of the entity making the application for a Class 8 License to the Sanitation Commission of the Town of Babylon and the (s)he has authorized \_\_\_\_\_ to make the foregoing application.

Sworn to me this _____	(Corporate Seal)
Day of _____, 200__	
Notary Public	
<hr/> Owner, Partner, Corporate Officer or Other (state title)	