

Waterfront Development

Clean Marina Programs Plus

If you would like an evaluation of your project, fill in the following items as completely as possible.

Company: _____ Date: _____

Contact: _____ Project Location: _____

Address: _____ State: _____ Zip: _____

Phone (Bus): _____ Phone (Fax): _____ Email: _____

(1) CODE: Bldg: _____ Fire: _____ Wind: _____ Snow: _____ Seismic: _____

Code / Planning Contact: _____

Clean Marina Program: _____ Contact: _____

(2) PROJECT: Project Name: _____

LEED Bldg: _____ Approx Bldg Size (sq. ft.): _____

Specific Product Need: _____

(3) NEEDS & SERVICES: **My project requires the following**

STUDY (general feasibility and information about Clean Marina Plus development for the project) _____

EVALUATION (critical products for a Clean Marina Plus project) _____

SCHEDULE (typical sequence of events and delivery of products) _____

LEED (I am familiar with LEED certifications) _____ If yes, Basic Silver Gold Platinum

FUNDING (investigate funding assistance programs for the project) _____

OPERATIONAL COMPARISON (include monitoring and commissioning information) _____

MARKETING (the owners would like marketing and advertising templates for Clean Marinas) _____

OTHER NEEDS (Describe, add separate sheets if necessary)

Require ENGINEERING at this stage? _____ Describe: _____