

Governor's Office of Energy

**GBTA REGISTRATION AMENDMENT FORM
NEW CONSTRUCTION AND EXISTING BUILDING**

- Please complete all sections of this form. Incomplete forms will be returned.
- Please provide any additional information for each section, using attachments as necessary
- If there is a significant change in the scope of the project after the project registration form is submitted, the applicant must amend the application to include the changes

Please mail one completed form to:

David Bobzien, Director
GBTA – Registration Amendment
Governor's Office of Energy
755 N. Roop Street, Suite 202
Carson City, NV 89701

For questions or clarifications please contact:

Robin Yochum, Energy Programs Manager
Governor's Office of Energy
(775) 687-1850 x 7324
ryochum@energy.nv.gov

Project Title:

Project Registration Number:

Date of Registration Amendment:

This section will be completed by GOE

Registration Amendment Received Date:

Name of GOE Employee processing this application:

Governor's Office of Energy

Applicant Information

| | | | | | |
|----------|--|--------|--|-----------|--|
| Name: | | | | | |
| Address: | | | | | |
| City: | | State: | | Zip Code: | |
| Phone: | | Fax: | | Email: | |

Tax Abatement Coordinator

| | | | | | |
|----------|--|--------|--|-----------|--|
| Name: | | | | | |
| Address: | | | | | |
| City: | | State: | | Zip Code: | |
| Phone: | | Fax: | | Email: | |

Address of the Real Property (Sec.23.2c)

| | | | | |
|--|---------|--|--------|-----------|
| Address: | | | | |
| City: | County: | | State: | Zip Code: |
| List each assessor's parcel number (APN) to be included in the abatement (attach additional sheet if necessary): | | | | |

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Attach an explanation of the change(s) in detail and provide the appropriate drawings indicating the affected areas.

Attach an updated statement containing the current level or rating and number of energy points of the applicable standard at the time of amending the project.

Identify any information included in this application which the applicant considers to be confidential (Sec. 23.4) and provide a citation to the specific statute or other legal authority that makes the identified information, confidential

Being owner, member, partner, officer or employee with signatory authorization for the business, I do hereby declare that the information herein stated is true and correct to the best of my knowledge and understanding.

Name of person authorized for signature (print):

Signature:

Title: _____

Date: _____