

Commercial Energy Use Worksheet



Did you know?

The City of Austin requires all commercial buildings that are 10,000 square feet or greater in size located within its city limits and served electricity by Austin Energy to benchmark their energy use and submit that rating annually (Austin City Code, Chapter 6-7). The first reporting deadline, for buildings 75,000 square feet and larger, is due by June 1, 2012 for energy data including Oct 1, 2010 to Sept 30, 2011. This annual benchmarking requirement will establish a baseline for the energy use of your building that may be beneficial to you, as well as to City of Austin.

It's easy

For your convenience, we have attached an optional worksheet to help you get started. It contains all of the data fields you will need to complete when it becomes available in mid-January until June 1, 2012.

- » If you are familiar with all of the information about your building listed in this worksheet, simply fill it out yourself in preparation for the online self audit, ENERGY STAR®'s Portfolio Manager benchmark rating tool.
- » If your commercial space is leased, send each of your tenants the Commercial Energy Use Worksheet form attached, or come up with a request of your own. Be sure to let your tenants know when you need the information so you have time to complete the self-audit before the reporting deadline of June 1. You may need to have your tenant release information to you. If you want the utility to give information directly to you, your tenant must give you a Release of Information Authorization form (attached).



Questions?

Call 482-5346 or send an email to ECAD@austinenergy.com

LETTER TO LEASEE OF RENTAL SPACE

Date _____

Dear _____ (Name of Tenant Facilities Manager).

This building at _____ (property address), where you are currently leasing space, is subject to Austin City Code Chapter 6-7 that requires commercial building owners to submit information to the City of Austin annually regarding energy consumption. To comply with the ordinance, I need your help. The information needed for benchmarking pertains to operating hours, number of workers and other data specific to your business. Please complete the attached worksheet and return it to me by _____ (date).

I appreciate your attention to this matter. If I can be of any help in assisting you to complete this request, please don't hesitate to contact me. You can email this form back to me at: _____ (email), or return it to: _____
(business, street address, city, state, zip).

Sincerely,

(Property Owner)
(Title)

Attachment: Commercial Energy Use Worksheet

Note:

The ordinance, City of Austin Code, Chapter 6-7 (Energy Conservation Audit and Disclosure – ECAD Ordinance) was approved by Austin City Council and assigned to Austin Energy, the City of Austin's electric utility, to administer. More information about it can be found on www.austinenergy.com.

Space Use Attributes (Cont.)

Please fill out all that apply.



Property Address _____

Data Center (Cont.) – Optional:

- UPS System Redundancy
 N 2N
 N+1 greater than 2N
 N+2 none of the above

- Cooling System Redundancy
 N 2N
 N+1 greater than 2N
 N+2 none of the above

Hospital (General Medical and Surgical) – Required:

- _____ Floor area (gross) in square feet (> 20,000 SF)
_____ # of staffed beds
_____ # of MRI machines
_____ # FTE workers

Optional:

- Laboratory on-site:
 yes no
Laundry facilities on site:
 yes no

- _____ Number of Buildings
_____ Maximum # of floors

- Tertiary care facility:
 yes no

- Ownership Status
 For Profit
 Non-profit
 Governmental

Hotel – Required:

- _____ Floor area (gross) in square feet
_____ # of rooms
_____ # of workers on main shift
_____ # of commercial refrigeration/freezer units

- On-site cooking:
 yes no

- _____ Percent of floor area that is **cooled** in 10% increments (10%, 20%, 30%, etc.)
_____ Percent of floor area that is **heated** in 10% increments (10%, 20%, 30%, etc.)

Hotel – Optional:

- _____ Hours per day the guests are on-site
_____ # of guest meals served
_____ Square footage of full-service spas
_____ Square footage of gym/fitness center

- Laundry processed at site
 Both Linen & Terrycloth Fabrics
 Linen Fabrics Only
 Terrycloth Fabrics Only
 No Laundry Processed Onsite

- _____ Annual quantity of laundry processed on-site
_____ Average Occupancy (%)

House of Worship – Required:

- _____ Floor area (gross) in square feet
_____ Maximum seating capacity
_____ Weekdays of operation
_____ Hours of operation per week
_____ # of personal computers

- Presence of cooking facilities:
 yes no

- _____ # of commercial refrigeration/freezer units

K-12 School – Required:

- _____ Floor area (gross) in square feet
_____ # of personal computers
_____ # of walk-in refrigeration/freezer units

- High school:
 yes no
Open weekends:
 yes no
On-site cooking:
 yes no

- _____ Percent of floor area that is **cooled** in 10% increments (10%, 20%, 30%, etc.)
_____ Percent of floor area that is **heated** in 10% increments (10%, 20%, 30%, etc.)

Space Use Attributes (Cont.)

Please fill out all that apply.



Property Address _____

K-12 School (Cont.) – *Optional:*

_____ Months of use
_____ School District

Medical Office – *Required:*

_____ Floor area (gross) in square feet
_____ Weekly operating hours
_____ # of workers on main shift
_____ Percent of floor area that is **cooled** in 10% increments (10%, 20%, 30%, etc.)
_____ Percent of floor area that is **heated** in 10% increments (10%, 20%, 30%, etc.)

Multifamily Housing – *Required:*

_____ Floor area (gross) in square feet

Optional:

_____ Total number of units
_____ Total number of bedrooms
_____ Maximum number of floors in the tallest building/tower
_____ Percent of square footage devoted to common area
_____ Number of laundry hookups in individual apartment units
_____ Number of laundry hookups in common areas
_____ Total number of dishwashers in all units
_____ Percent of floor area that is **cooled** in 10% increments (10%, 20%, 30%, etc.)
_____ Percent of floor area that is **heated** in 10% increments (10%, 20%, 30%, etc.)
_____ Primary hot water fuel type

Resident population type

- No specific type
- Dedicated Student
- Dedicated Military
- Dedicated Senior/Independent Living
- Dedicated Special Accessibility Needs
- Other Dedicated Housing

Government subsidized housing

- Yes
- No

General Office 1 – *Required:*

_____ Weekly operating hours
_____ # of workers on main shift

_____ # of personal computers

Percent of floor area that is **air conditioned**

- $\geq 50\%$
- $< 50\%$
- or none

Percent of floor area that is **heated**

- $\geq 50\%$
- $< 50\%$
- or none

General Office 2 – *Required:*

_____ Weekly operating hours
_____ # of workers on main shift
_____ # of personal computers

Percent of floor area that is **air conditioned**

- $\geq 50\%$
- $< 50\%$
- or none

Percent of floor area that is **heated**

- $\geq 50\%$
- $< 50\%$
- or none

General Office 3 – *Required:*

_____ Weekly operating hours
_____ # of workers on main shift
_____ # of personal computers

Percent of floor area that is **air conditioned**

- $\geq 50\%$
- $< 50\%$
- or none

Percent of floor area that is **heated**

- $\geq 50\%$
- $< 50\%$
- or none

Other – *Required:* _____

(Describe Use) _____

_____ Floor area (gross) in square feet
_____ # of personal computers
_____ Weekly operating hours
_____ # workers on main shift

Parking:

_____ Floor area in gross square feet that is enclosed
_____ Floor area in gross square feet that is not enclosed with a roof
_____ Floor area in gross square feet that is open
_____ Weekly hours of access

Retail Store – *Required:*

_____ Floor area (gross) in square feet
_____ Weekly operating hours
_____ # of workers on main shift
_____ # of personal computers

Space Use Attributes (Cont.)

Please fill out all that apply.



Property Address _____

- _____ # of cash registers
- _____ # of walk-in refrigeration/freezer units
- _____ # of open & closed refrigeration/freezer cases
- _____ Percent of floor area that is **cooled** in 10% increments (10%, 20%, 30%, etc.)
- _____ Percent of floor area that is **heated** in 10% increments (10%, 20%, 30%, etc.)

Exterior entrance to the public:
 yes no

Residence Hall/Dormitory – Required:

- _____ Floor area (gross) in square feet
- _____ # of rooms
- _____ Percent of floor area that is **cooled** in 10% increments (10%, 20%, 30%, etc.)
- _____ Percent of floor area that is **heated** in 10% increments (10%, 20%, 30%, etc.)

Optional:

- Computer lab on-site:
 yes no
- Dining Hall on-site:
 yes no

Senior Care Facility – Required:

- _____ Floor area (gross) in square feet
- _____ # of units
- _____ Average # of residents
- _____ Total Resident capacity
- _____ # of workers on main shift
- _____ Total Resident capacity
- _____ # of personal computers
- _____ # of commercial refrigeration/freezer units
- _____ # of commercial washing machines
- _____ # of residential washing machines
- _____ # of residential electronic lift systems
- _____ Percent of floor area that is **cooled** in 10% increments (10%, 20%, 30%, etc.)
- _____ Percent of floor area that is **heated** in 10% increments (10%, 20%, 30%, etc.)

Supermarket/Grocery Stores – Required:

- _____ Floor area (gross) in square feet
- _____ Weekly operating hours
- _____ # of workers on main shift

On-site cooking:
 yes no

- _____ # of walk-in refrigeration/freezer units
- _____ Percent of floor area that is **cooled** in 10% increments (10%, 20%, 30%, etc.)
- _____ Percent of floor area that is **heated** in 10% increments (10%, 20%, 30%, etc.)

Optional:

- _____ # of open or closed refrigeration/freezer cases
- _____ # of registers and/or personal computers

Swimming Pool – Required:

Swimming pool size – select one from:
 Olympic (50 meters x 25 meters)
 Recreational (20 yards x 15 yards)
 Short Course (25 yards x 20 yards)

Indoor outdoor

Optional:

_____ Months of use

Warehouse (Unrefrigerated) – Required:

- _____ Floor area (gross) in square feet
- _____ Weekly operating hours
- _____ # of workers on main shift
- _____ # of walk-in refrigerators/freezer units
- _____ Percent of floor area that is **cooled** in 10% increments (10%, 20%, 30%, etc.)
- _____ Percent of floor area that is **heated** in 10% increments (10%, 20%, 30%, etc.)

Optional:

Distribution Center:
 yes no

Warehouse (Refrigerated) – Required:

- _____ Floor area (gross) in square feet
- _____ Weekly operating hours
- _____ # of workers on main shift

Space Use Attributes (Cont.)

Please fill out all that apply.



Property Address _____

Wastewater Treatment Plant – *Required:*

- _____ Average influent flow (mgd)
- _____ Average influent biological oxygen demand (BOD5)
- _____ Average effluent biological oxygen demand (BOD5)
- _____ Plant design flow rate (mgd)

Presence of fixed film trickle filtration process:

- yes no

Presence of nutrient removal process:

- yes no

Water Treatment and Distribution Utility – *Required:*

- _____ Average flow (mgd)