

Installation Address _____ Structure built before 1988? ☐ Yes ☐ No

Owner's Name _____ Owner's Address _____

Owner's Phone _____ Occupant's Name _____ Occupant's Phone _____

Primary heat is electric: ☐ Yes ☐ No Type of electric heat: ☐ Forced Air ☐ Baseboard ☐ Radiant ☐ Heat Pump ☐ Ductless Heat Pump

Ceiling Types: 1) Attic 2) Flat 3) Over Garage 4) Vaulted 5) Sloped

	Ceiling Type	Material Type	Air Seal	Exist. R-Value	Add. R-Value	Sq. Footage	Cost
Area #1			<input type="checkbox"/>				
Area #2			<input type="checkbox"/>				
Area #3			<input type="checkbox"/>				
Proposed Vents		Number / Size / Type			Net Free Area		Cost
High vents (exhaust)							
Low vents (intake)							
Kitchen fan ext. <input type="checkbox"/>		Bath fan Ext. <input type="checkbox"/>		Heat Producing fixtures <input type="checkbox"/>			
Other items (specify)							

Knob & Tube Wiring existing: ☐ Yes ☐ No If yes, needs inspection by an electrician

Sales tax rate* used

%

Ex. 0.103 for 10.3%

Ceiling Sub-total

Tax

Total

Rebate/Grant

Wall Types: 1) Attic Knee Wall 2) Open Frame (requires fire-rated covering)
3) Furred-out Concrete 4) Closed Frame

	Wall Type	Material Type	FSK	Installation Method	Exist. R-Value	Add. R-Value	Sq. Footage	Cost
Area #1			<input type="checkbox"/>					
Area #2			<input type="checkbox"/>					
Area #3			<input type="checkbox"/>					

Knob & Tube Wiring existing: ☐ Yes ☐ No If yes, needs inspection by an electrician

Sales tax rate* used

%

Ex. 0.103 for 10.3%

Wall Sub-total

Tax

Total

Rebate/Grant

Customer is responsible for all exterior/interior painting after installation of blown-in wall insulation

Floor Types: 1) Over Crawl 2) Over Unheated Basement or Garage 3) Other (Indicate)

	Floor Type	Material Type	Air Seal	Exist. R-Value	Add. R-Value	Sq. Footage	Cost
Area #1			<input type="checkbox"/>				
Area #2			<input type="checkbox"/>				
Protective Covering							
Ground Cover to be added							
Domestic Water Pipes				Lineal Feet:			
Proposed Ventilation		Number / Vent Size			Net Free Area		Cost
Proposed Venting							

Floor Venting: ☐ 1/1500 ☐ 1/300

Knob & Tube Wiring existing: ☐ Yes ☐ No If yes, needs inspection by an electrician

Sales tax rate* used

%

Ex. 0.103 for 10.3%

Floor Sub-total

Tax

Total

Rebate/Grant

Notes: (description of upgrades, location drawings, etc.)

Tacoma Power Incentive Total:

Tacoma Power Loan:

Owner Contribution:

Contractor:			
Representative:		Date:	
Phone:		Bid expiration date:	
I, the property owner, accept this bid:			

* Find sales tax rates at WA Department of Revenue
<https://webgis.dor.wa.gov/taxratelookup/SalesTax.aspx>

Check box to clear form: ☐