## **Business Incentive Rate Application (Rider J -- Electric)**

Effective March 1, 2019

Applicant's Name:	Title:	Date://		
Company Name:				
Address:	Borough:	Zip:		
Telephone Numbers (including area code):				
Business: ()E-mail address:				
Type of Business:	Number of Employees: _			
Application For: New Building Vacant Building Comprehensive Package				
Biomedical EV Charging Business Incubator/Graduate				
Type of Customer: New Expansion Retention Relocation				
The EV Applicant agrees to provide data and other information in a timely manner both as requested as well as for reporting required by the New York State Public Service Commission.				
We require that an energy audit/ survey be performed in conjunction with application for our Business Incentive Rate				
(except for EV applications).				
Have you had an energy audit/survey performed foryour business?  Yes No				
If "No", enter the date on which energy audit/survey is scheduled for completion/				
Have you installed energy efficient measures recommended in the audit/survey? Yes No				
It is recommended, but not all applicants are required to install energy efficient measures as a result of an audit/survey. Details on eligibility are contained our Electric Rate Tariff, Rider J and can be accessed from the coned.com website.				
New customers must provide supporting documen to Con Edison.	tation of site occupancy and au	thorization to conduct business acceptable		
Lease Deed Incorporation Certificate Business Certificate State License Other				
For a <i>New Building:</i> When did construction start? / / When was construction completed? / /				
Has construction start date documentation been provided? Yes No				
For a <i>Vacant Building:</i> Vacancy Period: / / to / /	Total building rent	able squarefootage:		
Square footage currently vacant:	Square footage va	acant 12 months ago:		
Has vacancy documentation been provided? Yes No				

For office use only.	Please do not write in the spaces belo	ow.	
Date			
Print (or type) name oj	f applicant or authorized rep.	Signature of applicant or authorized rep	).
specified in our filed to The information supp	ariff. Applicant agrees to these terms lied herein is accurate. Applicant rec	ion, and other terms under which Con Edisons, and understands that the program is subject cognizes that any Con Edison decision to provopplication and additional information that Co	t to tariff changes. vide reduced rate
Total Building Sq. Ft.			
Sq. Ft. Occupied:			
Account Number(s):			
Address:			
<u>-</u>	New Facility/ Location	Old Facility/ Locat	<u>ion</u>
In order to process this	application, the following information	on is required:	
that: biomedical resea	rch is conducted at the premises for w	ss Rate (BIR) based on Biomedical Research n which the BIR is sought; that National Institute of the BIR economic development benefits; and t	of Health grants wil
	Electric Business Incentive Rate for a nic development benefits from State o	'New' or 'Vacant' building must be made with r local authorities.	in 30 days of
	Incubator Designation D	Occumentation Business Incubator Grad	uation Certificate
Documentation provide	ed: Tax Incentive E	ECSP/ LMEP Comprehensive Package	Other
		wer Manhattan Energy Program (LMEP) or Woonomic development benefits: / /	estchester Municip —