



# Alternative Compliance ASHRAE Level II Audit



For OSE Use Only

Please use this form to request alternative compliance from a Seattle Building Tune-Ups compliance cycle for implementation of ASHRAE Level II Audit recommendations. To qualify, building owners must correct all deficiencies and implement all efficiency measures recommended by the ASHRAE Level II audit that were projected to have a simple payback of three years or less. ASHRAE Level II audit must have been conducted by, and corrections verified by, an auditor meeting the Tune-Up Specialist qualifications.

Buildings owners must submit a signed request form, along with required documentation as specified on the form, no later than 180 days prior to a building's Tune-Up compliance date. For more information on the requirements for this pathway and timeframe eligibility, please visit [seattle.gov/buildingtuneups](http://seattle.gov/buildingtuneups).

**A. General Building Information** *Required for all applications*

### BUILDING DETAILS

Building Name: \_\_\_\_\_ Building Address: \_\_\_\_\_  
Portfolio Manager ID: \_\_\_\_\_ Seattle Building ID: \_\_\_\_\_ Compliance Year: \_\_\_\_\_  
Nonresidential Sq Footage: \_\_\_\_\_ Parking Sq Footage: \_\_\_\_\_

### BUILDING OWNER

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Company/Organization/LLC: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### BUILDING OWNER REPRESENTATIVE — *Required if submitting on behalf of the building ownership.*

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Role with building (e.g. property manager): \_\_\_\_\_  
Company/Organization/LLC: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Questions? We Can Help!

Call the Seattle Building Tune-Ups Help Desk at (206) 727-8863 (TUNE) or email [buildingtuneups@seattle.gov](mailto:buildingtuneups@seattle.gov)

**B. Implementation of ASHRAE Level II Energy Audit Recommendations**

This building has corrected and implemented all efficiency measures recommended by the ASHRAE Level II audit that were projected to have a simple payback of three years or less.

Date audit completed: \_\_\_\_\_

Dates corrections and deficiencies were implemented: \_\_\_\_\_

Date(s) Tune-Up Specialist verified corrections: \_\_\_\_\_

A qualified Tune-Up Specialist has verified and signed a cover letter that certifies that all operational and capital recommendations from the audit that were projected to have a simple payback of three years or less were implemented.

**ATTACH REQUIRED DOCUMENTATION**

ASHRAE Level II Audit Report

A cover letter signed by a qualified Tune-Up Specialist that lists the measures that were projected in the audit to have a three year payback and verifies implementation of required measures

Tune-Up Specialist Information Form

**C. Statement of Owner or Building Representative *Required for all applications***

By checking the box below, I, the undersigned representative of the building affirm and attest to the accuracy, truthfulness and completeness of the statements of material fact provided in this form. I understand these statements are subject to verification.

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. By clicking this box, I intend to submit my signature.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**D. Statement of Tune-Up Specialist *Required for all applications***

By checking the box below, I, the undersigned Tune-Up Specialist, affirm and attest to the accuracy, truthfulness and completeness of the statements of material fact provided in this form. I understand these statements are subject to verification.

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. By clicking this box, I intend to submit my signature.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

