

**PROGRAM APPLICATION**

DATE RECEIVED: \_\_\_\_\_ FILE NUMBER: \_\_\_\_\_

**APPLICATION INFORMATION**

NAME OF HOMEOWNER(S):

\_\_\_\_\_  
Last First Middle Initial

\_\_\_\_\_  
Last First Middle Initial

ADDRESS:

\_\_\_\_\_  
Street Address City or Town State ZIP

HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

**HOUSING INFORMATION**

ADDRESS OF PROPERTY:

\_\_\_\_\_  
Street Address City or Town State ZIP

OWNER(S) OF PROPERTY LISTED ON DEED:

\_\_\_\_\_  
\_\_\_\_\_

WHEN WAS THE HOUSE BUILT? \_\_\_\_\_ DATE OF PURCHASE: \_\_\_\_\_

SPECIAL NEEDS (PLEASE DESCRIBE):

\_\_\_\_\_  
\_\_\_\_\_

TYPE OF CONSTRUCTION:  Concrete Block/ Stucco  Brick  Wood Frame

**PROGRAM APPLICATION**

Other (please describe): \_\_\_\_\_

**HOUSING INFORMATION** (continued)

ARCHITECTURAL STYLE:  Ranch  Raised Ranch  Bungalow  Other (please describe): \_\_\_\_\_

IS THIS A RENTAL PROPERTY?  Yes  No

SINGLE-FAMILY HOME?  Yes  No

APARTMENT?  Yes  No

NUMBER OF UNITS: \_\_\_\_\_

NUMBER OF FLOORS: \_\_\_\_\_

ESTIMATED SQUARE FEET PER FLOOR: \_\_\_\_\_

NUMBER OF WINDOWS: \_\_\_\_\_

TYPE OF WINDOWS:  Wood  Metal-frame  Other (please describe): \_\_\_\_\_

NUMBER OF EXTERIOR DOORS: \_\_\_\_\_

TYPE OF DOORS:  Solid  Hollow-core

TYPE OF ROOF:  Flat  Pitched  Combination

CATHEDRAL CEILING?  Yes  No

SKYLIGHT(S)?  Yes  No

ROOF VENTING?  Yes  No

AIR CONDITIONING?  Yes  No

TYPE OF AIR CONDITIONER:  Central Air  Gable Mounted/ Thru-the-Wall  Window Unit  Other (please describe): \_\_\_\_\_

HEATING SYSTEM?  Yes  No

TYPE OF HEAT:  Gas  Oil  Electric  Forced Hot Air  Hot Water/ Steam  
 Other (please describe): \_\_\_\_\_

HAVE YOU EVER PARTICIPATED IN THE ENERGIZE CT PROGRAM?  Yes  No

**PROGRAM APPLICATION**

COMMENTS:

---

---

**ALL PROPERTY OWNERS ARE REQUESTED TO READ THE FOLLOWING STATEMENT AND TO SIGN THIS APPLICATION IN THE SPACE PROVIDED.**

I (We), certify that (I am / we are) the owner(s) of the property to be sound insulated, and hereby state that all information given in this application is true and accurate to the best of (my / our) knowledge. I (We) wish to participate in the voluntary Residential Sound Insulation Program. I (We) have reviewed the attached sample Homeowner Handbook. I (We) understand that implementation of the sound insulation construction will be contingent upon my (our) acceptance of the actual avigation easement and homeowner agreement.

I (We) agree to allow representatives of the Noise Mitigation Consulting Team, and / or staff of the Tweed New Haven Airport, access to this house and its surrounding property for the purpose of conducting acoustical and architectural measurements and inspections. I (We) also agree to complete the pre- and post-construction surveys.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**IF YOU ARE DECLINING PARTICIPATION IN THE PROGRAM AT THIS TIME, PLEASE SIGN BELOW AND PROVIDE A BRIEF EXPLANATION.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS:

---

---

If you have any questions about the application or about the Tweed New Haven Airport, Residential Sound Insulation Program, please call the Noise Mitigation Consultant Team at (877) 541-8795.

Submission of this application does not commit the homeowner to the voluntary Residential Sound Insulation Program.

**PLEASE RETURN ALL PAGES OF THIS FORM, ALONG WITH A COPY OF YOUR PROPERTY DEED, IN THE ENCLOSED SELF-ADDRESSED, STAMPED ENVELOPE.**