

BORDERS UNDERFLOOR HEATING QUOTATION QUESTIONNAIRE

We have genuine reasons for requesting the information detailed on this form.

| | | | |
|-------------------|-----------------------------------|-------------------------|---|
| 'U' values | Exterior walls _____ W/m2k | Roof _____ W/m2k | If blank, building regulation standard 'u' values will be used. |
| Insulation | Exterior walls _____ mm | Roof _____ mm | |

| CONSTRUCTION | Basement | Ground Floor | First Floor | Second Floor |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Slab plus screed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Beam & block | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Structural slab | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Suspended timber | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|----------------------|--|--|--|---|
| GLAZING TYPE: | Single <input type="checkbox"/> | Double <input type="checkbox"/> | Triple <input type="checkbox"/> | Low 'E' <input type="checkbox"/> |
|----------------------|--|--|--|---|

| | | | | |
|--------------------------|---|--|--|--|
| IF BOILER – TYPE: | Condensing <input type="checkbox"/> | System <input type="checkbox"/> | Combi <input type="checkbox"/> | Electric <input type="checkbox"/> |
| | Natural Gas <input type="checkbox"/> | Oil <input type="checkbox"/> | Bottle Gas <input type="checkbox"/> | Solid Fuel <input type="checkbox"/> |

| | | | |
|----------------------------|---|---|--|
| OTHER HEAT SOURCES: | Heat Pump <input type="checkbox"/> | Heat Recovery <input type="checkbox"/> | Solar Panels <input type="checkbox"/> |
|----------------------------|---|---|--|

| FLOOR COVERING | ROOMS |
|---------------------|-------|
| Stone | |
| Tiles | |
| Natural hardwood | |
| Engineered hardwood | |
| Wood laminate | |
| Carpet | |
| Vinyl | |

Name _____

Address _____

Home Tel: _____

Work Tel: _____

Mobile Tel: _____

E-mail: _____

Please tick to confirm that you have enclosed the following:

Floor layout drawings

Elevation drawings

Cross-section drawings

Project Name: _____

Project Location: _____

Planning App No: _____

Local Authority: _____