



TECHNICAL DESIGN QUESTIONNAIRE UNDERFLOOR HEATING

Company Name: Contact Name: Contact Number: Contact Email: Enquiry Date:		Account Number: Address: Postcode:
RTM Brand:		Branch: Branch Contact: Branch Tel No: Branch Email:
Project Name: Project Status:]	Project Address: Project Postcode:
Year of Construction: Heat Source:		Building Type: Total Floor Area:
Heat Loss (If Known):		Assumed Heat Loss:
Glazing Type: Roof Build Up:		
Floor Build Up:		





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Preferred manufactur	rer:		Air Temp Controls:					
Preferred pipe type:			Thermostat type:					
Water temperature b	elending		Is Remote access required?					
Floor Reference: Fixing System:								
Manifold location:			Insulation thickness:					
Floor Construction:			Joist centres & Type:					
Floor Reference:			Fixing System:					
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Floor Construction:			Joist centres & Type:					
Solid Floor Systems		Suspended Floor Systems		Floating Floor /	Low Profile Sys	tems		
Floor Construction	Fixing Systems	Floor Construction	Fixing Systems					