



Residential Heat Job Information Summary

Date: _____ Sawyers Contact: _____ Required By: _____

Installer: _____ Homeowner: _____ Phone# _____

Note: We **REQUIRE** building plans or copies of plans that clearly indicate the following:

1. All floor space of all floors in the building
2. Notation of all areas to be heated, (or not heated) and type of heat required.
3. Elevation views or notes that show all door and window sizes and types.
4. Sectional views that show ceiling heights of all rooms in the structure.
5. Insulation R-values for all walls, floors and ceilings/roof.
6. Floor covering types and R-values (if known) of each room for radiant floor systems.
7. Compass direction and roof color (light or dark) for all air conditioning jobs.

Note: Normal design for heating assumes -20° F outdoors, with indoor temp at 65° for radiant systems and 70° for others. Air conditioning design assumes 95° F outdoors and 75° F indoors. If something special is required, it must be specified or these parameters apply.

Heat Plant:

Location: _____

- | | | |
|---|---|---|
| <input type="checkbox"/> LP Gas Fired Boiler | <input type="checkbox"/> Natural Gas Fired Boiler | <input type="checkbox"/> Oil Fired Boiler |
| <input type="checkbox"/> LP Gas Warm Air Furnace | <input type="checkbox"/> Natural Gas Warm Air Furnace | |
| <input type="checkbox"/> Oil Fired Warm Air Furnace | <input type="checkbox"/> Hydro-Air System | <input type="checkbox"/> Other: _____ |

Venting:

- | | | | |
|--|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Masonry Chimney | <input type="checkbox"/> Metal Chimney | <input type="checkbox"/> Direct Vent | <input type="checkbox"/> Sidewall |
|--|--|--------------------------------------|-----------------------------------|

Control:

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Circulators | <input type="checkbox"/> Zone Valves |
|--------------------------------------|--------------------------------------|

Construction:

- | | | |
|-------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Tight |
|-------------------------------|----------------------------------|--------------------------------|

Air Conditioning: Yes No

Insulation R-Values:

- | | | | | |
|---------------|---------------------------------|---|---------------------------------|--|
| | Basement | Slab | Garage | House |
| Walls: | _____ | _____ | _____ | _____ |
| Ceiling/Roof: | _____ | _____ | _____ | _____ |
| Floor: | _____ | _____ | _____ | _____ |
| Glass: | <input type="checkbox"/> Single | <input type="checkbox"/> Single w/storm | <input type="checkbox"/> Double | <input type="checkbox"/> Triple <input type="checkbox"/> Low-E |

Garage:

- | | | |
|-------------------|------------------------------------|--|
| Garage Heated: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Garage Heat Type: | <input type="checkbox"/> Baseboard | <input type="checkbox"/> Radiant <input type="checkbox"/> Other: _____ |

Basement:

- | | | |
|-------------------------------|--|--|
| <input type="checkbox"/> Full | <input type="checkbox"/> Partial/Crawl Space | <input type="checkbox"/> Slab on Grade |
| Basement Heated: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Basement Heat Type: | <input type="checkbox"/> Baseboard | <input type="checkbox"/> Radiant <input type="checkbox"/> Other: _____ |

First Floor:

- | | | | |
|------------------------|------------------------------------|----------------------------------|---------------------------------------|
| First Floor Heat Type: | <input type="checkbox"/> Baseboard | <input type="checkbox"/> Radiant | <input type="checkbox"/> Other: _____ |
|------------------------|------------------------------------|----------------------------------|---------------------------------------|

Second Floor:

- | | | | |
|-------------------------|------------------------------------|----------------------------------|---------------------------------------|
| Second Floor Heat Type: | <input type="checkbox"/> Baseboard | <input type="checkbox"/> Radiant | <input type="checkbox"/> Other: _____ |
|-------------------------|------------------------------------|----------------------------------|---------------------------------------|

Desired Zones: _____

Comments: _____

