



DESIGN REQUEST FORM

Please email your form to **design@calefactio.com** along with the necessary plans.

CUSTOMER INFORMATIONS

Date :

Company name :

Phone :

Submit by :

Email :

PROJECT INFORMATIONS

Project name :

Address :

City :

Province :

Zip code :

Project type ☐ Full building heating ☐ Snow melting (Please specify the material):

Heat source(s) ☐ Electric boiler ☐ Gas boiler ☐ Heat pump ☐ Geothermal ☐ Other :

Does your system contain propylene glycol? ☐ Yes :A % ☐ No (100% water)

Where is the mechanical room located?

	FLOOR TYPE	TYPE OF COVERING	NUMBER OF THERMOSTAT(S)	IN WHICH ROOM(S) WILL THEY BE LOCATED?
Basement				
Garden level				
Ground floor (main)				
First floor				
Second floor				
Garage				

OTHER INFORMATION

Are there any areas that should not be included in the looping plan?

☐ No

☐ Yes (Please specify) :

Is there a cathedral ceiling?

☐ No

☐ Yes (Please specify) :

ADDITIONNAL COMMENTS

Québec, Canada

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