

Planning sheet for flat roof load determination

	Project data		
Name:			
Street/Nr.:			
Zip code:			
Town			
Phone:			
Email:			
Remark:			
Building			
Building height:	_____ m		
Building width:	_____ m	Building length:	_____ m
Eaves area:	No parapet with parapet		
Attic height:	_____		
Roof covering:	Building protection mat	Sand bed	Gravel
Roof pitch:	_____ ° (degrees)		
Please send photos of the available area!			
Collector arrays			
Number of tubes field 1:	_____	Number of tubes field 4:	_____
Number of tubes field 2:	_____	Number of tubes field 5:	_____
Number of tubes field 3:	_____	Number of tubes field 6:	_____
Make a sketch: Position of the system on the roof with dimensions incl. roof pitch and orientation.			

Date: _____

Signatur: _____