

LARSEN TECH WORK ORDER

Let's first get a little information about you, your company, and the project. Please complete these first seven questions so we can get to know you a little better.

Name of Applicant _____ Date _____

Name of Company _____

Company Address _____ City _____ State _____ Zip Code _____

Company Phone Number(s) _____ Fax _____

Name or Model # of Project _____

Address of Project _____ City _____ State _____ Zip Code _____

Which jurisdiction will the project be submitted _____ City _____ State _____

This information below will be needed to get to know more about your projects building envelope. We need to try to know the proper insulation of your project because your building envelope controls your equipment sizing, compliance reports, and duct system efficiency. Please fill out as much information that you know as possible and leave the items that you are not sure about blank or note N/A. Depending on the information we can decide if we need to track the data for you or use default criteria. Please ignore any information listed below that may not pertain to your current project.

Contact Joe Larsen at heatingdesign@aol.com with any questions that you may have.

Windows (U-Value / SHGC):

Operable _____ / _____ Fixed _____ / _____ Glass Doors _____ / _____

Sky Lights _____ / _____ Glass Block _____ / _____ Other _____ / _____

Wall R-Values:

2x4 Frame _____ 2x6 Frame _____ Basement Unfinished _____

Basement Finished _____ Crawl Space _____ Other _____

Board Insulation _____ Vapor Barrier (Yes / No) Location _____

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Larsen Tech, Inc. – 943 E. Fillmore Colorado Springs, CO 80907

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Ceiling R-Values:

Flat or Scissor Truss Ceiling _____ Roof Material: _____ Radiant Barrier (Yes / No)

Roof Joist (Cathedral) Ceiling _____ Roof Material: _____ Radiant Barrier (Yes / No)

Floor R-Values:

Over Garage _____ Cantilevers _____ Over Unconditioned Crawl _____

Slab on Grade _____ Depth of Slab Insulation _____ Horizontal or Vertical _____

Door R-Values:

Front Entry _____ Garage Entry _____ To Unconditioned Crawl _____

Duct in Unconditioned Space Insulation R-Value _____

Infiltration (Air Changes per Hour or CFM) _____

Elevation of Project _____ Polar Facing of Front Door (N, S, W, or E) _____

Number of Heating and/or Cooling Systems _____ Number of Zones _____

Outside Air for Ventilation (Yes / No) What Size _____ Heat Recovery Device (Yes / No)

Furnace Manufacture _____ Model # _____ Efficiency _____

Boiler Manufacture _____ Model # _____ Efficiency _____

Heat Pump Manufacture _____ Model # _____

Air Handler Manufacture _____ Model # _____

Indoor Cooling Coil Manufacture _____ Model # _____

Outdoor Condenser Manufacture _____ Model # _____

Humidifier Manufacture _____ Model # _____

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Beginning Required Information to Complete Manual D:

Need architectural floor plans in AutoCAD DWG format in 2008 or earlier version.

Elevation plans in AutoCAD DWG format in 2008 or earlier version, PDF, or DWF.

Building section plans in AutoCAD DWG format in 2008 or earlier version, PDF, or DWF if available.

Plot plans in AutoCAD DWG format in 2008 or earlier version, PDF, or DWF if available

Need floor joist and truss structural plans in AutoCAD DWG format in 2008 or earlier version, PDF, or DWF.

Configuration of units/models if project is multifamily

Desired mechanical design if the design needs to stay similar to previous models

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