

Site Assessment—Residential



Contact Information

Client name: _____
Alternate Contact: _____
Telephone: _____
Fax: _____
Email: _____

Address of the Installation (if different):

Postal Address:

The Building

Year Constructed: _____

Roof Type:

- Asphalt shingles
 Steel
 Tile
 Other (specify) _____

Slope of Roof: _____°

Roof Orientation: _____
(SW, SSW, S, SSE, SE)

Number of Stories: _____

Winter Shading: _____%

The Occupants

Number of Occupants: _____

Count by Age:

- _____ < 21 years
_____ 22 à 65 years
_____ > 65 years

Domestic Hot Water

Water Heater is Located:

- In basement
 Other (specify) _____

How You Heat Your Water Now:

- Electricity
 Natural Gas
 Other (specify) _____

Capacity of Tank: _____ Ltrs _____ Gal

The Building Owner

Name:

- Same as the Client Above
 Same as the Alternate Contact
 Other (specify) _____

Address, if Different:

