

Owner name		Telephone	
Address		Cell phone	
City, State/Province		E-mail	
Postal Code		Drawings #	

Your home	Year of construction:	
Infiltration (circle the correct choice)	Best (Excellent construction, sealed vapor barrier)	
	Average (Normal construction)	
	Poor (Older home)	
Front of house orientation (circle)	N NE E SE S SW W NW	
Floors included in your home (circle)	crawlspce, Basement, Ground floor, 2nd, 3rd	
Do you have ventilation ducts in the attic	YES / NO	If YES, insulation on ducts R-

Basement walls	Insulation R-	Material:
Ground floor and upper floor walls	Insulation R-	Material:
Garage walls (if required in load)	Insulation R-	Material:
Roof	Insulation R-	Shingles: Lights or Dark
Attic	Vented or cathedral	
Type of windows	Single, Double, Triple, Low E, Tinted	
	Wood, Vinyl, Aluminium	
Existing equipment (if applicable):		

Basement Plan : Wall dimensions in feet. Location and dimensions of all windows and doors.).
 Wall height: _____ ft.

Ground Floor Plan : Wall dimensions in feet. Location and dimensions of all windows, doors and skylights).

Wall height: _____ ft.

2nd Floor Plan : Wall dimensions in feet. Location and dimensions of all windows, doors and skylights).

Wall height: _____ ft.

Note: Use another sheet for any additional floors

Please return by fax or e-mail:

myplans@myhomeload.com

FAX: 1 (888) 848-0143