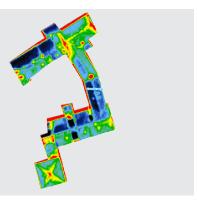


Thermgraphic Overflying of the Municipality of Junglinster on the 27th of february 2018



ADMINISTRATION COMMUNALE DE JUNGLINSTER

12, rue de Bourglinster L-6112 Junglinster

> Boîte postale 14 L-6101 Junglinster

> > T 78 72 72-1 F 78 83 19

Heures d'ouvertures

Lundi à vendredi 8h00-11h30 et 13h00-16h30

Jeudi jusqu'à 19h00 seulement bureau de la population

Service technique uniquement sur rendez-vous

www.junglinster.lu

Request for a thermographic record

Please send the filled out form to climat@junglinster.lu

Information about the requester and the address of the residential building
Last name, First name:
Address, street N°, postal code, municipality:
Tel, mobile phone, email:
You are not living in this building? Then please give us the address of the building for which one you want to get the information from the thermographic record: Address, street N°, postal code, municipality:

• I want to be contacted to make an appointment for a personal consultation and to receive the thermographic record.



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Obligatory details for a personal consultation

Details of the residential building

If yes, the material of the isolation is:

Year of the isolation installation: _____

If yes, the material of the isolation is:

Year of the isolation installation: _____

Is the floor of the top floor isolated? O yes O no

ANALYSIS OF THE LAST FLOOR UNDER THE ROOF: Does the top floor get heated? O no O yes If yes, please note some more information: O yes -> Temperature: _____ °C 1. Room 1 heated? O no O yes -> Temperature: _____ °C 2. Room 2 heated? O no 3. Room 3 heated? O no O yes -> Temperature: _____ °C O yes -> Temperature: _____ °C 4. Room 4 heated? O no 5. Room 5 heated? O no O yes -> Temperature: °C INFORMATION ABOUT THE ROOF: Type of the roof: O flat O inclined O other: Year of construction and renovation of the roof: Year of construction _____ + Year of renovation _____ Roof colour: Material of the roof: O tiles O slate roof O asphalt (bitumen) O metal O flint O green roof Does the roof have one or more: O Velux-windows O dormers O portholes O cupolas or O other openings _____ Are there one or more chimneys? O yes O no Does a solar thermic facility exist? O yes O no (Area: _____m²) (Area: _____m²) Does a photovoltaic facility exist? O yes O no Does an isolation for the roof exist? O yes O no

______, its thickness _____ cm

_____, its thickness _____ cm



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Optional details for a personal consultation

Construction year of the house:
Date and details of the renovation:
Year – Details of the renovation works:
Year – Details of the renovation works:
Year – Details of the renovation works:
Heated area: m ²
Energygrade (if known):
Actual heating system:
• Fuel oil:
Power kW, annual consumption (approx.)
• Pellets:
Power kW, annual consumption (approx.) t
• Firewood:
Power kW, annual consumption (approx.) m ³
• Gas:
Power kW, annual consumption (approx.) m ³
• Electric:
Power kW, annual consumption (approx.) kWh
Heat pump: O air/air O air/water O geothermal energy
Power kW, annual consumption (approx.) kWh
• Other type:
Power kW, annual consumption (approx.) O m³ O I
Ot OkWh Other information:
To be capable to make a correct interpretation of the thermographic records and a helpf
consultation, it is needed to complete the questionnaire above.

Your personal data will only be used in the framework of this project and will not be passed on to third parties.

O While sending this form, I accept that the mentioned information can be used in the framework of analysing my request.

Name, first name of the requester: Date: