

Please fill in blanks and fax or post back to us. Thank you.



HERS THERMAL ASSESSMENT REQUEST FORM

Incodo Ltd. Fax: 07 576 7883

P.O. Box 8202, Cherrywood, Tauranga

1.00 Applicant

Name of Company: _____ Contact Person: _____

Address: _____

Ph: _____

Mob: _____

Email: _____

Site Address (including street number): _____

House Plan name: _____

2.00 Type of Assessment (Delete 2 of 3)

Concept design Consent drawings Existing building

3.00 Building Information data

Note : If building at concept stage or existing following information required to be attached to this application.
If consent drawings are supplied they should contain the information listed below

1 Plans, elevations, site plan including trees, contours and neighbouring structures shading the building form time to time and accurate indication of true North

2 Details of alterations or modifications

3 Cladding, roofing wall linings and floor construction materials

4 Floor coverings by room

5 Applied films to windows, double glazing etc

6 Existing insulation in walls, ceilings and underfloor

7 Home heating source

4.00 Declaration/ Agreement

I request that Incodo Ltd provide an AccuRate HERS assessment for the building described above and agree to pay fees for assessment work.

I confirm that the drawings and details attached accurately describe either the proposed building or if constructed accurately reflect the asbuilt building including alterations since construction as well as surrounding feature such as trees, buildings, screens and hills etc) that would affect thermal loading.

I understand that if I wish to change design features after the assessment, then there will be payable fees for reassessment work. Normal Incodo Ltd trading conditions apply

Signed:

Name: _____ Date: / /