



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.

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

Obligatory details for a personal consultation

Details of the residential building

ANALYSIS OF THE LAST FLOOR UNDER THE ROOF:

Does the top floor get heated? no yes

If yes, please note some more information:

1. Room 1 heated? no yes -> Temperature: _____ °C

2. Room 2 heated? no yes -> Temperature: _____ °C

3. Room 3 heated? no yes -> Temperature: _____ °C

4. Room 4 heated? no yes -> Temperature: _____ °C

5. Room 5 heated? no yes -> Temperature: _____ °C

INFORMATION ABOUT THE ROOF:

Type of the roof: flat inclined

other: _____

Year of construction and renovation of the roof:

Year of construction _____ + Year of renovation _____

Roof colour: _____

Material of the roof : tiles slate roof asphalt (bitumen)

metal flint green roof

Does the roof have one or more: Velux-windows dormers portholes
 cupolas or other openings _____?

Are there one or more chimneys? yes no

Does a solar thermic facility exist? yes no (Area: _____m²)

Does a photovoltaic facility exist? yes no (Area: _____m²)

Does an isolation for the roof exist? yes no

If yes, the material of the isolation is:

_____, its thickness _____ cm

Year of the isolation installation: _____

Is the floor of the top floor isolated? yes no

If yes, the material of the isolation is:

_____, its thickness _____ cm

Year of the isolation installation: _____

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: _____ m²

Energygrade (if known): _____

Actual heating system:

- Fuel oil:

Power _____ kW, annual consumption (approx.) _____ l

- Pellets:

Power _____ kW, annual consumption (approx.) _____ t

- Firewood:

Power _____ kW, annual consumption (approx.) _____ m³

- Gas:

Power _____ kW, annual consumption (approx.) _____ m³

- Electric:

Power _____ kW, annual consumption (approx.) _____ kWh

- Heat pump: air/air air/water geothermal energy

Power _____ kW, annual consumption (approx.) _____ kWh

- Other type: _____

Power _____ kW, annual consumption (approx.) _____ m³ l
 t kWh

Other information:

To be capable to make a correct interpretation of the thermographic records and a helpful 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.

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

Date:

Name, first name of the requester: