

Please complete this form to help us fit all of your patio heating needs and start enjoying a longer patio season!

Upon completion, **please fax to: 905-664-8846 OR email to: info@irenergy.ca**

Business Name:	
Address:	
Phone:	
Fax:	
E-mail:	
Contact Person:	

Patio Heat Survey



www.irenergy.ca



23 - 428 Millen Rd.
Stoney Creek, ON L8E 3N9
Phone: 905-664-9082
Fax: 905-664-8846

***The more information given will further enable our engineers to design a heating layout for your business to enhance customer satisfaction and cost effectiveness.**

NOTE: Please Include a sketch of your patio's floor plan including all objects, walls, and obstructions as well as ALL dimensions on provided grid on back of page.

THE PATIO HEAT EXPERTS

QUESTIONS

1.) TYPE OF GAS REQUIRED:	Natural Gas <input type="radio"/>	Propane <input type="radio"/>	Note: Please indicate location of gas line(s) on sketch				
2.) PREFERRED TYPE OF HEATER(S):	Upright <input type="radio"/>	Hanging <input type="radio"/>	Portable <input type="radio"/>	Tube <input type="radio"/>	Electric <input type="radio"/>		
3.) ANY EXISTING PATIO HEAT:	Yes <input type="radio"/>	No <input type="radio"/>	IF YES, What kind:	Upright <input type="radio"/>	Portable <input type="radio"/>	Tube <input type="radio"/>	Electric <input type="radio"/>
4.) ANY EXISTING GAS LINES:	Yes <input type="radio"/>	No <input type="radio"/>	IF YES, What kind:	Natural Gas <input type="radio"/>	Propane <input type="radio"/>		
5.) ANY EXISTING ELECTRICITY OUTLETS:	Yes <input type="radio"/>	No <input type="radio"/>	HOW MANY VOLTS:	Note: Please indicate location of outlets on sketch			
6.) MAY TUBE HEATERS BE MOUNTED ON WALL:	Yes <input type="radio"/>	No <input type="radio"/>	Note: Please indicate location of outlets on sketch				
7.) HOW MANY SIDES OF PATIO BUTT UP AGAINST A WALL:	1 Side <input type="radio"/>	2 Sides <input type="radio"/>	3 Sides <input type="radio"/>	4 Sides <input type="radio"/>			
Height(s):	Type of Material(s):		Note: Please indicate location of walls on sketch				
8.) IS THERE A FENCE ON ANY SIDE OF PATIO:	Yes <input type="radio"/>	No <input type="radio"/>	Height(s):				
IF YES, How many:	1 Side <input type="radio"/>	2 Sides <input type="radio"/>	3 Sides <input type="radio"/>	4 Sides <input type="radio"/>			
9.) IS WIND EXPOSURE A PROBLEM:	Yes <input type="radio"/>	No <input type="radio"/>	IF YES, How much is blocked:	%	Can it be blocked:		
10.) WHAT SEASON(S) WILL PATIO BE OPEN:	Summer <input type="radio"/>	Spring <input type="radio"/>	Fall <input type="radio"/>	Winter <input type="radio"/>			
11.) IS THERE A ROOF AND/OR CANOPY OVER PATIO:	Yes <input type="radio"/>	No <input type="radio"/>	Note: Please indicate any roof and/or canopy on sketch				
IF YES:	Highest Point:	Lowest Point:	Type of Material:				
12.) ARE THERE ANY HEIGHT RESTRICTIONS:	Yes <input type="radio"/>	No <input type="radio"/>	Note: Please indicate any height restrictions on sketch				
13.) HOW MANY PATRONS IS PATIO LICENSED FOR:	Quantity:		Number of Tables:				
	Size of Tables:		Number of Chairs:				
	Number of Bar Stools:		Fixed or Moveable:				
14.) IS ENTIRE PATIO TO BE HEATED:	Yes <input type="radio"/>	No <input type="radio"/>	Note: Please indicate area(s) to be heated on sketch				
15.) HOW SOON WILL PATIO EQUIPMENT NEED TO BE INSTALLED AND READY FOR USE:	0 - 6 Months <input type="radio"/>	6 - 12 Months <input type="radio"/>	12 - 18 Months <input type="radio"/>	18 - 24 Months <input type="radio"/>			

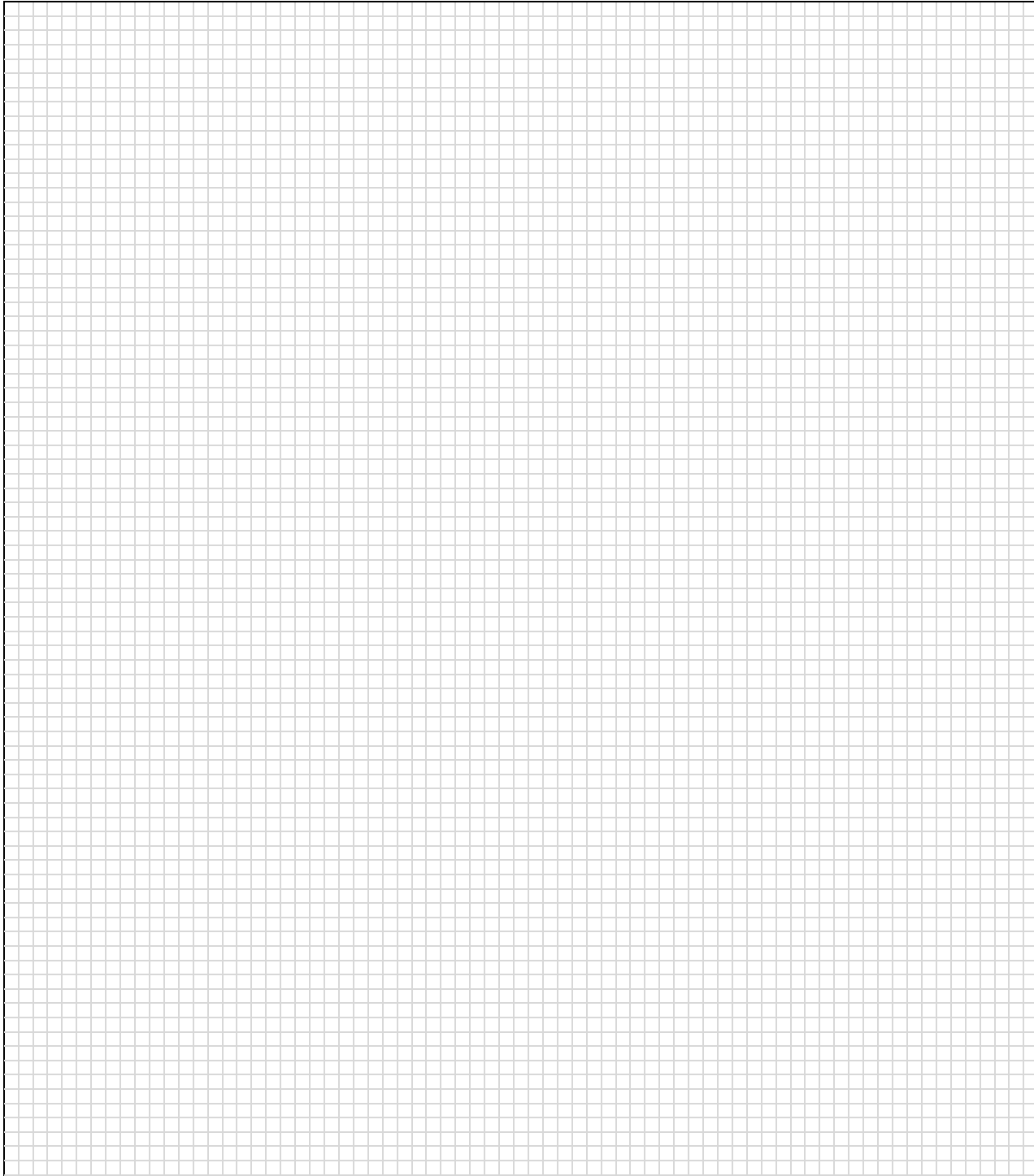
Business Name:	
Address:	
Phone:	
E-mal:	

NOTE: Please label where your patio faces North on compass provided.



(Please fill in the scale measurements used in this grid)

SCALE: 1 square =



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