



Return on Investment Analysis
Customer Project Questionnaire

Project name: _____

Project address _____

Contact person: _____

Phone: _____ Email: _____

Square footage of project: _____ Dimensions: _____ x _____

Desired foot-candles: _____

Interior Space Use: _____

Roof Information

Roof construction exterior: Membrane___ Metal___ Torch Down___ Other_____

If other describe: _____

Roof construction interior: Bar joists___ Beams___ Purlins___ Wood___ Other___

If other describe: _____

Spacing between interior roof construction: Greater than 4'0 ___ Less than 4'0___

Suspended ceiling: Yes___ No___

If yes, Height from floor to suspended ceiling: _____

Height from floor to bottom of roof deck: _____

Height from floor to bottom of roof structure: (purlins, bar joists etc.)_____

Pitch of roof: _____

Roof top obstructions that may impact skylight placement: (Solar Panels, AC Units, existing skylights) Supply list and pictures.

1. _____
2. _____
3. _____
4. _____

Roof structure obstructions that may impact skylight placement: (pipes, AC Ducting,) Supply list and pictures.

1. _____
2. _____
3. _____
4. _____

Are there existing Skylights in the building? If so complete the following for each size of skylight. If available please provide layout of existing skylights?

Size of Existing Skylights:

	Size	Quantity	Keep/Replace	Type
Size One				
Size Two				
Size Three				

For Type: (S = Standard Passive) (A = Advanced) (T=Tracking Skylight)

Operation Questions

Hours of Operation: _____ hours Start time: _____ Close time: _____

Days per week in Operation:

Number of Days in Operation per year: _____ (Take into account Holiday closures)

Description of Indoor Surfaces:

1. Wall: Drywall _____ Wood _____ Concrete: _____ Color: _____
2. Flooring: Carpet _____ Concrete _____ Wood _____ Color: _____
3. Ceiling Description: _____ Color: _____

Power company servicing project: _____

1. Annual KWH usage _____
2. Monthly Avg KWh usage: _____
3. KWh per SF: _____
4. Utility rate cost: _____

Type of lighting – Inside

Type of Existing Lighting Fixtures

	Type/Description	Total Fixture Wattage	Ballast Efficiency %	Quantity
Fixture type 1				
Fixture type 2				
Fixture type 3				
Fixture type 4				

Air Conditioning System

1. System Type: _____
2. Current hours run per day: _____
3. Cooling Setup Temp. –

Additional documents to provide:

- Power Company bills (Last 12 months)
- Any records showing specific electricity use for lighting.
- Floor Plan
- Roof Plan

If you have any questions about this questionnaire, call 877-520-5005

When finished, fax the completed form to 877-520-5995 or email to info@ciralightglobal.com

Ciralight Global, Inc.

Business offices, 15303 Ventura Blvd 9th Floor, Sherman Oaks, CA 91423
www.ciralightglobal.com