UNICO, Inc.

Load Calculation Input Form

Date: _____

Name: _____ Phone #: _____

Company Name: _____ Email: _____

Homeowner Name: _____

Street Address: _____

State & Zip: _____

Phone & Email: _____

Country: _____

Direction Front of House Faces: _____

Type of Load Calc Requested:

☐ **Block Load: Quickest Method but not great for system design.**

☐ **Room X Room: More time consuming but used for system design.**

☐ **Estimated List of Materials for Bidding purpose only.**

 # Bedrooms: _____ **Approx. Age of Building:** _____

Structure Type: ☐ Stick Built ☐ Modular ☐ Manufactured

Typical Ceiling Height Basement: _____ 1st FL: _____ 2nd FL: _____ 3rd FL: _____

Exterior Wall: ☐ Framing ☐ Wood ☐ Steel ☐ 2x4 ☐ 2x6 ☐ Other: _____

Insulation Type: _____ **R Value:** _____

Exterior Sheathing: ☐ Yes ☐ No **Type:** _____

Exposed Floor: ☐ Slab ☐ Crawl ☐ Open Crawl ☐ Uncond. Basement ☐ Cond. Basement

Insulation Type: _____ **R Value:** _____

Attic: Flat Ceiling Insulation Type: _____ R Value: _____

Vaulted/Cathedral Insulation Type: _____ R Value: _____

Knee Wall Insulation Type: _____ R Value: _____

Roof Type: _____ **Color:** ☐ Dark ☐ Med ☐ Light **Radiant Barrier:** ☐ Yes ☐ No

Encapsulated Attic Space: ☐ Yes ☐ No

Windows: **Type:** ☐ Dbl Hung ☐ Sgl Hung ☐ Fixed Sash ☐ Insulated ☐ Low E **U Value:** _____ **SHGC:**_____

External Screen: ☐ Yes ☐ No **Internal Shading:** ☐ Blind ☐ Drapes ☐ None ☐ Light ☐ Dark

If Blinds and Drapes, will all windows/glass doors be included, if not, note windows/door?

Indicate those that will not have blind/drapes _____

External Doors: ☐ Woods ☐ Hollow ☐ Solid ☐ Panel ☐ French **Storm:** ☐ Yes ☐ No **U Value:** _____

☐ Steel/Metal ☐ Fiberglass Core ☐ Polystyrene Core **Storm:** ☐ Yes ☐ No **U Value:** _____

Construction Quality: ☐ Tight ☐ Semi-Tight ☐ Average ☐ Semi-Loose ☐ Loose

Fireplaces: ☐ Gas ☐ Electric ☐ Wood Burning **How Many:** Vented _____ Non-vented _____

Load Calculation Input Form *(con't)*

Internal Loads

Office Equipment: Please note the location and number of computers, monitors, printers, etc. below:

Design Conditions : Summer Inside _____ Summer Outside _____

Winter Inside _____ Winter Outside _____

HVAC:

☐ **Cooling** ☐ **Heat Pump** ☐ **Electric Furnace** ☐ **Hot Water Coil**

☐ **Geo Thermal** ☐ **Boiler** ☐ **Radiant** ☐ **iSeries Unico** ☐ **iSeries Wall Mount**

☐ **iSeries w/Unico and Wall Mount**

Zoning *(check all that apply)***:**

☐ **1 Zone** ☐ **2 Zone** ☐ **3 Zone**

Explain Zoning Scheme:

Outlet Type *(check all that apply)***:**

☐ **Round Outlets** ☐ **Wood Outlets** ☐ **Slotted Outlets**

Outlet Location:

1st FL:	☐ Ceiling	☐ Floor	☐ Sidewall
2nd FL:	☐ Ceiling	☐ Floor	☐ Sidewall
3rd FL:	☐ Ceiling	☐ Floor	☐ Sidewall

Ductwork: Insulation R Value _____ Type: ☐ Metal ☐ Fiberglass

Who do you plan to buy your Unico Equipment from? _____

UNICO, Inc.

7401 Alabama ■ St. Louis MO 63111

(800) 527-0896

This completed Load Calculation Form may be submitted by the following methods:

EMAIL: victor@unicosystem.com ■ **FAX:** (314) 457-9000