

## REFERENCE INSTALLATIONS - DATA SHEET

Date: \_\_\_\_\_

**Project title:** \_\_\_\_\_

**Project**

House
  Apartment building
  Office building  
 Apartment/flat
  Nursery, school, university  
 Other: \_\_\_\_\_

**Address data** County: \_\_\_\_\_ Postcode: \_\_\_\_\_ Town: \_\_\_\_\_

**Start of construction** \_\_\_\_\_

**In operation since** \_\_\_\_\_

**Architect** Company: \_\_\_\_\_ Address: \_\_\_\_\_

**Contact** Name: \_\_\_\_\_ Phone/E-mail: \_\_\_\_\_

**Heating installation** Company: \_\_\_\_\_ Address: \_\_\_\_\_

**Contact** Name: \_\_\_\_\_ TPhone/E-mail: \_\_\_\_\_

**Authorised Dealer** Company: \_\_\_\_\_ Address: \_\_\_\_\_

**Contact** Name: \_\_\_\_\_ Phone/E-mail: \_\_\_\_\_

### Variotherm Heating systems

<input type="checkbox"/> ModuleStandardWall	_____ m <sup>2</sup>	<input type="checkbox"/> Heating	<input type="checkbox"/> Cooling
<input type="checkbox"/> SystemWall	_____ m <sup>2</sup>	<input type="checkbox"/> Heating	<input type="checkbox"/> Cooling
<input type="checkbox"/> EasyFlexWall	_____ m <sup>2</sup>	<input type="checkbox"/> Heating	<input type="checkbox"/> Cooling
<input type="checkbox"/> ModuleStandardCeiling-Classic	_____ m <sup>2</sup>	<input type="checkbox"/> Heating	<input type="checkbox"/> Cooling
<input type="checkbox"/> ModuleStandardCeiling-Akustic	_____ m <sup>2</sup>	<input type="checkbox"/> Heating	<input type="checkbox"/> Cooling
<input type="checkbox"/> ModuleGridCeiling-Classic	_____ m <sup>2</sup>	<input type="checkbox"/> Heating	<input type="checkbox"/> Cooling
<input type="checkbox"/> ModuleGridCeiling-Akustic	_____ m <sup>2</sup>	<input type="checkbox"/> Heating	<input type="checkbox"/> Cooling
<input type="checkbox"/> Floor heating VarioComp	_____ m <sup>2</sup>		
<input type="checkbox"/> Floor heating VarioRast	_____ m <sup>2</sup>		
<input type="checkbox"/> Floor heating VarioFix	_____ m <sup>2</sup>		
<input type="checkbox"/> Floor heating VarioRoll	_____ m <sup>2</sup>		
<input type="checkbox"/> Floor heating VarioNop	_____ m <sup>2</sup>		
<input type="checkbox"/> Classic skirting heating	_____ m		
<input type="checkbox"/> Delta skirting heating	_____ m		
<input type="checkbox"/> Beta skirting heating	_____ m		
<input type="checkbox"/> Trench heating system	_____ m		

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**Energy source**

- Gas                       Oil                       Heat pump  
 Pellets                       Other: \_\_\_\_\_

**Why Variotherm?**

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**Other relevant information**

- Which requirements/challenges were given and how were they solved?
- Which technical specificities of the project were given (e.g. monumental protection)?
- Which structural circumstances were given?
- Which special solutions were required (which solution/why was this solution required?)
- etc.

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- Pictures (quality at least 300 dpi at min. 8 cm)**     Exterior view of the building (must always be supplied)  
 Installed Variotherm products                       Installation photos

**Picture credit:**

\_\_\_\_\_  
 (Name of the photographer)

**Liscence to use the photos:**

- May the pictures be published free of charge?  
 yes                       no

Please send this questionnaire with the photos to Mrs. Sabine Ostermann (s.ostermann@variotherm.at). We are at your disposal for any further information at the phone number +43 2256 / 648 70-31 as well.