

Technical request form Total Heating

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Total or Direct electric floor heating is the only heating system installed in a room (or area) for maintaining comfortable air room temperature.

To start designing the project, please provide all initial required data.

1. **Operation voltage:** _____ V.

2. **Maximum allowed power for electrical heating system:** _____ kW.

3. **Heat loss of premises (for each room), total area (St), and allowable area for room heating (Sa) (without the area of furniture, bathtub, toilet bowl, etc.)**

Room 1 (_____)	Heat loss: _____ W	St: _____ m ²	Sa: _____ m ²
Room 2 (_____)	Heat loss: _____ W	St: _____ m ²	Sa: _____ m ²
Room 3 (_____)	Heat loss: _____ W	St: _____ m ²	Sa: _____ m ²
Room 4 (_____)	Heat loss: _____ W	St: _____ m ²	Sa: _____ m ²
Room 5 (_____)	Heat loss: _____ W	St: _____ m ²	Sa: _____ m ²
Room 6 (_____)	Heat loss: _____ W	St: _____ m ²	Sa: _____ m ²

** or send the drawings*

4. **Other heating system (radiators, convectors, etc.):**

	No	Yes (output of another heating system).
Room 1	<input type="checkbox"/>	<input type="checkbox"/> _____ W
Room 2	<input type="checkbox"/>	<input type="checkbox"/> _____ W
Room 3	<input type="checkbox"/>	<input type="checkbox"/> _____ W
Room 4	<input type="checkbox"/>	<input type="checkbox"/> _____ W
Room 5	<input type="checkbox"/>	<input type="checkbox"/> _____ W
Room 6	<input type="checkbox"/>	<input type="checkbox"/> _____ W

5. **Thickness of the floor construction above the heating element:**

	Room 1;	Room 2;	Room 3;	Room 4;	Room 5;	Room 6
< 3cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
≥ 3cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. **Type of floor surface:**

	Tiles;	Wood;	Carpet;	Laminate;	Thickness;	Another type of floor
Room 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ mm	_____
Room 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ mm	_____
Room 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ mm	_____
Room 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ mm	_____
Room 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ mm	_____
Room 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ mm	_____

7. **Subfloor construction:**

	Room 1;	Room 2;	Room 3;	Room 4;	Room 5;	Room 6
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. **Desired heating elements**

- Heating cables _____
- Heating mats _____

9. **Control system:**

- Simple thermostat without timer
- Thermostat with timer
- Intuitive programmable thermostat with intelligent timer + touchscreen display
- Intuitive programmable thermostat with intelligent timer + remote access from your phone or tablet

10. **Comments and special remarks:**