

Project Name/Description: _____ **Room:** _____

Step 1 Room function (check all that apply)

- Kitchen Dining Other: _____
 Living Basement _____

Step 2 Room dimensions

Length _____ Ceiling height(s) _____
 Width _____

Step 3 Existing lighting

- | | | |
|--|--|--|
| <input type="checkbox"/> Fixture 1*: _____ | <input type="checkbox"/> Fixture 2*: _____ | <input type="checkbox"/> Fixture 3*: _____ |
| Quantity: _____ | Quantity: _____ | Quantity: _____ |
| Size: _____ | Size: _____ | Size: _____ |
| # of Lamps/Wattage: _____ | # of Lamps/Wattage: _____ | # of Lamps/Wattage: _____ |

Step 4 New lighting preferences (if applicable)

- | | | |
|--|--|--|
| <input type="checkbox"/> Fixture 1*: _____ | <input type="checkbox"/> Fixture 2*: _____ | <input type="checkbox"/> Fixture 3*: _____ |
| Size: _____ | Size: _____ | Size: _____ |
| # of Lamps/Wattage: _____ | # of Lamps/Wattage: _____ | # of Lamps/Wattage: _____ |
| Target light level: _____ | Target light level: _____ | Target light level: _____ |
| Replacement fixture # (Step 3): _____ | Replacement fixture # (Step 3): _____ | Replacement fixture # (Step 3): _____ |

Step 5 Ceiling details (check all that apply)

Sheetrock (gypsum): New or Existing T-bar: New or Existing

Step 6 Wall information

Wall material: _____ Number of doors*: _____
 Wall color/finish: _____ Number of windows*: _____
 Wall decor (i.e. art): _____ Number of wall decor items*: _____

Step 7 Furniture (check all that apply)

- Fireplace* Seating*
 Tables* Other: _____

Step 8 Equipment types (check all that apply)

- TV* Electronics*
 Large appliances* Other: _____

Step 9 Controls

List existing controls*: _____ List new controls to be installed*: _____

Step 10 Additional lighting requirements

List any additional information required (i.e. energy savings): _____

* Please sketch location of items on design form

