

Questionary / Checklist for stand-alone-systems


Please fill in the questionary with as much detailed information as possible and fax to 0043 5522 48866-45

Name: **Phone Number:**
Street: **Fax:**
City: **E-Mail:**

Location of the pv-system: **Sea level:** (m)

Support for planning: Plan of site View onto the roof Side view
 Scetch Photographs Description

Location of the pv-system: Alp cabin Mountain cabin Summer cottage
 Stables

Type of roof:  Saddle roof  Pent roof  Flat roof

Quality of the roof new up to 10 years up to 20 years
 up to 30 years mossy

Roof covering: Bricks Eternit panels Corrugated eternit panels
 Shale Corrugated Metal Metal fold
 Wooden shingles

Type of installation: Integrated in the roof On the roof Wall
 Nonattached installation

Shading: No Chimney Trees Buildings Antennas

Shading (hours per day) from **until**

Alignment of the roof/wall: West Southwest South
 Southeast East

Other details:

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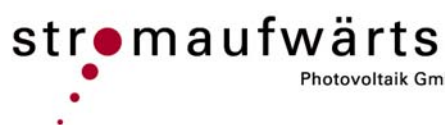
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Photovoltaik GmbH

Alemannenstraße 49
A 6830 Rankweil
T 05522 48866
F 05522 48866-45
www.stromaufwaerts.at