

APPLICATION PROJECT FORM

Please send completed form to engineering@rinnai.us or fax to 678-829-1666



CUSTOMER INFORMATION

Customer Name:	Date:	
Rep/Dealer/Installer Name:		
Company:		
Phone:	Email:	
Job Name:		
Address:		
City:	State:	Zip:

APPLICATION INFORMATION

Application Type	
	Tankless Options Only
	Tankless with Storage
Installation Type	Non-condensing Tankless
ype	Condensing Tankless Water Heaters
Equipment Location	Indoor
	Outdoor

SIZING CONSTRAINTS

Set Temp.	
Elevation	ft
oundt Temp.	

Note:

- 1) Please list as applicable any diversity requirements for specific hot water fixtures
- 2) If you have a split system please note how the system is separated by using the Fixture ID#'s
- 3) Also note if there are to be different temperatures in each system
- 4) Restaurant: All commercial kitchens will be sized using a 100°F temperature rise unless instructed otherwise. Ensure make and model of commercial dishwasher is listed below. Provide fixture type and quantity of all hot water fixtures
- 5) If hotel, apartment/condo, nursing/retirement home or the like, fill out hot water fixture list and room quantities in appropriate tables
- 6) Laundry: enter quantity and capacity of each washer

HOT WATER FIXTURE LIST (enter as applicable)

ID	QTY.	TYPE	ID	QTY.	TYPE
1			14		
2			15		
3			16		
4			17		
5			18		
6			19		
7			20		
8			21		
9			22		
10			23		
11			24		
12			25		
13			26		

NOTES
