WINDOW SCHEDULE

PROJECT NAME	
LOCATION/AREA	
PIN NUMBER	
CONSULTANT NAME	
CONSULTANT CONTACT PHONE	
OWNER NAME :	
BUILDING TYPE	A. RESIDENTIAL ☐ B.COMMERCIAL ☐ C.INDUSTRIAL ☐
PROJECT DESCRIPTION :	

WINDOW REQUIREMENT

TOTAL GLASS OPENING AREA (m^2) ☐ **TOTAL EXTERIOR WALL AREA(m^2)** ☐ **WINDOW WALL RATIO (WWR) %** ☐

	U Value (W/m^2 °C)	SHGC
WWR - 5 - 40 %	**3.30**	**0.30**
WWR >40 %	**2.10**	**0.25**
SHOWROOM	**2.10**	**0.30**

WINDOW SCHEDULE

WINDOW REFERENCE NUMBER	GLASS LAYERS	U VALUE	S C	COLOR	MODEL/BRAND	TYPE	REMARKS