

LSI Industries - Lighting Solutions Applications Request Form

Note your Information below, in your E-mail, or in a separate attached document(s).

Date: _____

LSI Representative: _____

Customer: _____

Contact Name: _____

Address: _____

Return Report Format

- ☐ CAD DWG ☐ CAD DXF
☐ PDF ☐ Hard Copy
☐ Submittal Package
Allow (3) Extra Days. Reg. Mgr. Appr. Required.

Site & Zoning Restrictions

Note or Attach the Energy Code for this Site:

Note or Attach the Local Code for this Site (Spill Control?):

Design Criteria

- ☐ LSI Recommendation
☐ Customer's Request (Designed by Customer)
☐ Retro-Fit

Fixture Type(s): (Note Pole Heights)

Lamp Type(s) & Wattage:

- ☐ LED
☐ Pulse Start Metal Halide
☐ Natural White Pulse Start Metal Halide
☐ High Pressure Sodium
☐ Other _____

Specify Wattage(s): _____

Job Name: _____

Job Location: _____

Revision? ☐ Yes ☐ No

If Revision, Drawing LO #: _____

Date Required? _____

Return To: E-mail: _____

Site Plan

Drawing Attached (via E-mail)

- ☐ .DWG Format (AutoCAD) ☐ .DXF Format
☐ .DWF Format (MUST INCLUDE A DIMENSION ON THE DRAWING)
☐ .PDF Format (MUST INCLUDE A DIMENSION ON THE DRAWING)

☐ OTHER _____

NOTE: Please denote fixture locations and types on drawing, when possible.

Lighting Requirements - Outdoor

Include Concrete Bases ☐ No ☐ Yes (Ht.) _____

Include Obstructions ☐ No ☐ Yes (If "Yes" specify on the Drawing)

Wall Mount Fixtures ☐ No ☐ Yes (Ht.) _____

If Yes Provide Details:

- ☐ Foot-candles _____ ☐ Lux _____
☐ Initial: _____ ☐ Maintained:(LLF?) _____
☐ Average: _____ ☐ Maximum _____
☐ Minimum: _____ ☐ Max/Min Ratio: _____
☐ Avg/Min Ratio: _____

Level of Calculation Plane: _____

Show Spill Light ☐ No ☐ Yes

If Yes Provide Details: _____

Lighting Requirements - Indoor

Ceiling Height _____

Include Obstructions ☐ No ☐ Yes (If "Yes" specify on the Drawing)

- ☐ Foot-candles _____ ☐ Lux _____
☐ Initial: _____ ☐ Maintained:(LLF?) _____
☐ Average: _____ ☐ Maximum _____
☐ Minimum: _____ ☐ Max/Min Ratio: _____
☐ Avg/Min Ratio: _____

Level of Calculation Plane: _____

Ceiling Reflectance: _____

Walls Reflectance: _____

Floor Reflectance: _____

Calculation Type

Point x Point Analysis

- ☐ Full Spacing _____
☐ Typical Spacing _____
☐ Radiosity (Allow (1) extra Day)
☐ Contour Plot Increments (0.5fc, 1.0fc, etc.) _____
☐ Dwg. & B/M Only (No Point x Point)

Send E-mail requests to "lighting.apps@lsi-industries.com" or forward your request to the address below.

