



On-Line Lighting Plan Form

Please complete the form below to help us produce your lighting plan. Simply press the submit form button at the end and then attach your floor plans in PDF format.

Contact Details

Title First Name/s Family Name/s

Address (Optional)

Phone (Include Area Code)

Number

Home

Street

Business

Suburb

Mobile

Post Code

E-Mail

Is your new home subject to any sustainability building codes?

If YES what Percentage Low Energy

EG: In Queensland all new homes must have 40% minimum low energy lighting.

Please label your rooms as per the lighting plan you will be attaching eg: Bed1, Bed2, Patio etc)

Room 1
Name

Room 2
Name

Room 3
Name

Primary Light Source

Primary Light Source

Primary Light Source

Additional Comments

Additional Comments

Additional Comments

Room 4
Name

Room 5
Name

Room 6
Name

Primary Light Source

Primary Light Source

Primary Light Source

Additional Comments

Additional Comments

Additional Comments

See Next Page For More Rooms

Room 7
Name

Room 8
Name

Room 9
Name

Primary Light Source

Primary Light Source

Primary Light Source

Additional Comments

Additional Comments

Additional Comments

Room 10
Name

Room 11
Name

Room 12
Name

Primary Light Source

Primary Light Source

Primary Light Source

Additional Comments

Additional Comments

Additional Comments

Room 13
Name

Room 14
Name

Room 15
Name

Primary Light Source

Primary Light Source

Primary Light Source

Additional Comments

Additional Comments

Additional Comments

Room 16
Name

Room 17
Name

Room 18
Name

Primary Light Source

Primary Light Source

Primary Light Source

Additional Comments

Additional Comments

Additional Comments

See Next Page For More Rooms

Room 19

Name

Room 20

Name

Room 21

Name

Primary Light Source

Primary Light Source

Primary Light Source

Additional Comments

Additional Comments

Additional Comments

Room 22

Name

Room 23

Name

Room 24

Name

Primary Light Source

Primary Light Source

Primary Light Source

Additional Comments

Additional Comments

Additional Comments

Room 25

Name

Room 26

Name

Room 27

Name

Primary Light Source

Primary Light Source

Primary Light Source

Additional Comments

Additional Comments

Additional Comments

Room 28

Name

Room 29

Name

Room 30

Name

Primary Light Source

Primary Light Source

Primary Light Source

Additional Comments

Additional Comments

Additional Comments

See Next Page To Complete Form

General Comments

Before submitting this form please check the following.

- You are connected to the internet (When you click submit it will automatically open your e-mail program and attach this file)
- You know the location of your floor plans in PDF format (Please attach these to the same e-mail as this form)

Thankyou for taking the time to complete this form. A representative from Noosa Lighting will be in contact with you as soon as possible.