



Lusail Nightscape Policy

Light Information Summary

1 **District Name**

2 **Plot Number**

3 **Category**

4 **Type of Building**

5 **Project Title**

6 **Consultant**

Light Design Information

7 Light Ambience Magnificent Convivial Discreet

8 Maximum Height m Podium Height m

Facade Lighting

	Height: 0 - 25m			Height: Above 25		
	Luminance (L _{av})		Color Temp	Luminance (L _{av})		Color Temp
	Average	Maximum		Average	Maximum	
9 Front	<input type="text"/> cd/m ²	<input type="text"/> cd/m ²	<input type="text"/> K	<input type="text"/> cd/m ²	<input type="text"/> cd/m ²	<input type="text"/> K
10 Back	<input type="text"/> cd/m ²	<input type="text"/> cd/m ²	<input type="text"/> K	<input type="text"/> cd/m ²	<input type="text"/> cd/m ²	<input type="text"/> K
11 Left	<input type="text"/> cd/m ²	<input type="text"/> cd/m ²	<input type="text"/> K	<input type="text"/> cd/m ²	<input type="text"/> cd/m ²	<input type="text"/> K
12 Right	<input type="text"/> cd/m ²	<input type="text"/> cd/m ²	<input type="text"/> K	<input type="text"/> cd/m ²	<input type="text"/> cd/m ²	<input type="text"/> K

13 Shop windows Front: cd/m² Back: cd/m² Left: cd/m² Right: cd/m²

14 Signage Front: cd/m² Back: cd/m² Left: cd/m² Right: cd/m²

15 Highlighting of Roof Top/Crown yes no if yes: cd/m² K

16 Highlighting of Special Architectural Elements yes no if yes, specify

17 Color Changing Lights yes no if yes, specify Colors

Streetscape

18 Max. Heights of Light Poles m Color Temp: K

19 Max. Heights of Bollards m Color Temp: K

Smart City (Lusail CCC)

20 Participation in Smart City yes no

21 Operational hours to

22 Dimming of functional light yes no Time:

Acknowledgement

By signing below, I acknowledge, agree and confirm that: (a) I have read, understand and agree to follow and implement the enclosed specifications, guidelines and terms and condition provided by LREDC; and (b) I understand that these specifications, guidelines and terms are now deemed to form part of the SPA as they are incorporated as a "Rule" and any breach of this document shall be considered as a breach of the SPA.

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Date of Submittal Signature

Information to be filled in by CAC:

Received on:

Comments:

Date Signature

To be submitted in soft- and hardcopy to CAC.



Reviewer 1

Name:
Date:

Reviewer 2

Name:
Date: