

Phone: 877-423-7663 opt. 4, opt. 3 Email: designservices@gaf.com Request Date: Date Needed: Territory Manager:

LOW SLOPE CUT SPEC - DESIGN LINE - SUBMITTAL EXPRESS FORM PROJECT INFORMATION											
Project Name:						<u> </u>					
Address:								State:	Z	Zip:	
No. of buildings:	Total Squares:		Roof Slope:		Height:		Width:		Length:		
Status: Secured	Status: Secured Bid		Start Date:		Bid Da		te:				
BUILDING OWNER  Company/Owner Name: Contact:											
Company/Owner Name.											
Address:				City:			State: Zip:			Zip:	
Phone:				Email Address:							
				CO	NTRA	CTOR					
Company/Owner Name:							Contact				
Address:			City:					State:	Z	Zip:	
Phone:				Email Address:							
Company Name			, ,	ARCHITE	CT/CC	NSULTANT	Contact				
Company Name:							Contact				
Address:			City:						Z	Zip:	
Phone:					Email	Address:					
				DOCUM	ENTS	REQUIRED					
Submittal Express Cut			Spec			Design Line		:		System Letter	
For Submittal Express, do you need: Data Sheets SDS Sheets Contractor Letter Other:			Do you need hard cop Yes No # of copies:					Do you need Yes # of samples:	No		
Send packages to:	25 tu.			Bound Unbound Contact:			I				
-				City				Ctoto		7in.	
Address:			City:				State:			Zip:	
Phone:				Email Address:							
Cuaranta a Tima			G	UARAN	TEE IN	FORMATION		Tame (in upon	۵).		
Guarantee Type:						Term (in years):					
				AΓ	DDEND	DUMS					
Wind Rider – mph WellRoof Hail - Size: 1" 2" other: Puncture – Man Hour Coverage: 16 32				Vapor Reflec Kymax	ctivity x			LiveRo GRO	Photovoltaic (Solar) LiveRoof GRO Other:		
Is this building FM insured	? Yes	No	Dr			r code approvals?	FBC	Miami-Dade	UL Clas	s A B C	
If yes, provide RoofNav # or red			DC	) you nee	u oli ici	code approvais:		oly # or design pressu		15 A B C	
Do the contract document	s contain des	sign pressures? Yes	s No	If yes	, pleas	e attach to this requ	est so co	rrect fastening pa	tterns can	be specified.	

ROOF SYSTEM INFORMATION										
Construction Type: New Tear-Off Partial Tea		Cold Storage? Yes No	Deck Type:	Gauge:	Thickness:					
For recover or partial tear-off, list existing components to remain:										
Vapor Retarder: Separator Sheet:			Fire Barrier:	Anchor Sheet:						
		INSULA	TION/ROOF BOARD		1					
Туре			Thickness/PSI Attachment							
1.										
2.										
3.										
4.										
Additional notes on insulation or additional layers:										
		ROOF MEN								
	embrane System		Asphaltic (Mod Bit/BUR) System							
Specification Number:			Specification Number:							
Interply 1 and attachment:			Base Ply:							
Interply 2 and attachment:	Backing:		Attachment:							
Type: TPO Extreme TPO	ece Back	Interply: Quantity:								
PVC PVC XK	Self-Adhered		Attachment:							
Color: Sheet Width: Thickness:			Cap Sheet or Surfacing:							
Attachment Method: Rhinobond Mechanically Attached:	Self-Adhere	d	Color/Type:							
Adhered:										
Ballasted:			Attachment:							
Flashing Membrane:			Flashing Membrane:							
Flashing attachment:			Flashing Attachment:							
			, and the second							
Curfo oing/Ougehander		Additiona								
Surfacing/Overburden:			GAF Perimeter Edge Meta	al:						
		Liquid Applied/Pav		15.	15					
Existing Deck or Substrate:	Existing Coating? Type?:	Yes No	Cleaner:	Prir	mer/Rust Inhibitor:					
Ponding Treatment/Deck Repair:			Seam Treatment:							
Details/Penetrations:			Full Fabric? Yes No Product:							
Coating Layer 1:			Coating Layer 2:							
Rate of Application:	Color:		Rate of Application: Color:							
Coating Layer 3:			Coating Layer 4:							
Rate of Application:	Color:		Rate of Application:	(	Color:					
Additional surfacing and/or overburden:										
		Additional Note	s/Comments:							
Additional Hotos Commonts.										