

LOW SLOPE PROJECT INFORMATION

PROJECT NAME:							
ADDRESS:				CITY:		STATE:	ZIP:
NO. OF BUILDINGS:	TOTAL SQUARES:	ROOF SLOPE:	HEIGHT:	WIDTH:		LENGTH:	
STATUS:	<input type="checkbox"/> SECURED	<input type="checkbox"/> BIDDING	START DATE:		BID DATE:		

BUILDING OWNER

COMPANY/OWNER NAME:				CONTACT:			
ADDRESS:				CITY:		STATE:	ZIP:
PHONE:			EMAIL ADDRESS:				

CONTRACTOR

COMPANY/OWNER NAME:				CONTACT:			
ADDRESS:				CITY:		STATE:	ZIP:
PHONE:			EMAIL ADDRESS:				

ARCHITECT/CONSULTANT

COMPANY/OWNER NAME:				CONTACT:			
ADDRESS:				CITY:		STATE:	ZIP:
PHONE:			EMAIL ADDRESS:				

DOCUMENTS REQUIRED

<input type="checkbox"/> SUBMITTAL EXPRESS	<input type="checkbox"/> CUT SPEC	<input type="checkbox"/> GUIDE SPEC	<input type="checkbox"/> ASSEMBLY RENDERING	<input type="checkbox"/> ASSEMBLY LETTER			
FOR SUBMITTAL EXPRESS, DO YOU NEED THE FOLLOWING? <input type="checkbox"/> DATA SHEETS <input type="checkbox"/> SDS SHEETS <input type="checkbox"/> CONTRACTOR CERTIFICATION LETTER <input type="checkbox"/> STANDARD DETAILS		DO YOU NEED HARD COPIES (BOOKS)? <input type="checkbox"/> YES <input type="checkbox"/> NO # OF COPIES: _____ <input type="checkbox"/> BOUND <input type="checkbox"/> UNBOUND		DO YOU NEED SAMPLES? <input type="checkbox"/> YES <input type="checkbox"/> NO # OF SAMPLES: _____			
SEND PACKAGES TO:				CONTACT:			
ADDRESS:				CITY:		STATE:	ZIP:
PHONE:			EMAIL ADDRESS:				

GUARANTEE INFORMATION

GUARANTEE TYPE:	TERM (IN YEARS):
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ADDENDUMS

<input type="checkbox"/> WIND RIDER MPH: _____	<input type="checkbox"/> WELLROOF	<input type="checkbox"/> SOLAR
<input type="checkbox"/> HAIL SIZE: <input type="checkbox"/> 1" <input type="checkbox"/> 2" <input type="checkbox"/> 3"	<input type="checkbox"/> VAPOR SEAL	<input type="checkbox"/> LIVEROOF
<input type="checkbox"/> PUNCTURE – MAN HOUR COVERAGE <input type="checkbox"/> 16 <input type="checkbox"/> 32	<input type="checkbox"/> STEEP SLOPE	<input type="checkbox"/> GRO
	<input type="checkbox"/> KYMAX	<input type="checkbox"/> OTHER: _____

CODE APPROVALS

IS THE BUILDING FM INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU NEED OTHER CODE APPROVALS? <input type="checkbox"/> FBC <input type="checkbox"/> MIAMI-DADE <input type="checkbox"/> UL CLASS <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
IF YES, PROVIDE ROOFNAV # OR REQUIRED DESIGN PRESSURE:	ASSEMBLY # OR DESIGN PRESSURE:
DO THE CONTRACT DOCUMENTS CONTAIN DESIGN PRESSURES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE ATTACH TO THIS REQUEST SO CORRECT FASTENING PATTERNS CAN BE SPECIFIED.	

