

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

STEEP SLOPE CUT SPEC – DESIGN LINE – SUBMITTAL EXPRESS FORM PROJECT INFORMATION								
Project Name:								
		1						
Address:		City:	City:			State:	Zip:	
No. of buildings:	Total Squares:	Roof Slope:		Height:		Width:	Length:	
140. Of buildings.	Total Squares.	Roor Slope.		ricigiii.		widiri.	Lengui.	
Status: Secured	Bid	Start Date:	e: Bid			Date:		
BUILDING OWNER								
Company/Owner Name:			Contact:					
Address:	City:	City:			State:	Zip:		
Phone:		Email Address:						
Company/Owner Name		C	ONTRA	CTOR	Contact			
Company/Owner Name:			Contact:					
Address:	City:	City:			State:	Zip:		
Phone:		Email Address:			<u> </u>	1		
		ΔRCHIT	FCT/CC	DNSULTANT				
Company Name:			Contact:					
Address:		City:	City:			State:	Zip:	
Phone:		Email Address:						
DOCUMENTS REQUIRED								
Submittal Express Cut Spe		•			Design Line		System Letter	
For Submittal Express, do you need: Data Sheets SDS Sheets			Do you need hard copies? Yes No		Do you need sam Yes No		es?	
Contractor Letter Other:	# of copies:	# of copies:			# of samples:			
Bound Unbound						·		
Send packages to:		Contact:						
Address:		City:		St		tate:	Zip:	
Phone:	,		Email Address:	1		•		
GUARANTEE INFORMATION								
Guarantee Type: Other:								

ROOF SYSTEM INFORMATION							
Construction	Type:		If recover, describe existing components to remain:	Deck Type:			
New	Tear-Off	Recover		Thickness:			
Shingle:				1			
Color:							
Underlaymer	nt:						
Leak Barrier: Full deck application							
Starter Strip:							
Hip and Ridg	je Shingle						
Ventilation:			Other:				
Roofing Cem	nent:						
Metal Flashir	ng:						
Valleys:							
NAIL BASE INSULATION (if applicable)							
PolyIso Thick	kness:		Sheathing:	Wood Spacer Blocks			
			Other:	Other:			
Additional inf	formation or	comments:		1			