

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

ROOF SYSTEM INFORMATION

CONSTRUCTION TYPE: <input type="checkbox"/> NEW <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> PARTIAL TEAR-OFF <input type="checkbox"/> RECOVER				COLD STORAGE: <input type="checkbox"/> YES <input type="checkbox"/> NO		DECK TYPE:		GAUGE:		THICKNESS:	
FOR RECOVER OR PARTIAL TEAR-OFF, LIST EXISTING COMPONENTS TO REMAIN:											
VAPOR RETARDER:			SEPARATOR SHEET:			FIRE BARRIER:			ANCHOR SHEET:		

INSULATION/ROOF BOARD

TYPE	THICKNESS/PSI	ATTACHMENT (PRODUCT AND RATE OF APPLICATION)
1.		
2.		
3.		
4.		
ADDITIONAL NOTES ON INSULATION OR ADDITIONAL LAYERS:		

ROOF MEMBRANE

SINGLE-PLY MEMBRANE			ASPHALTIC/MOD BIT/BUR		
SPECIFICATION NUMBER:			SPECIFICATION NUMBER:		
INTERPLY 1 AND ATTACHMENT:			BASE PLY:		
INTERPLY 2 AND ATTACHMENT:			ATTACHMENT:		
TYPE: <input type="checkbox"/> TPO <input type="checkbox"/> EXTREME TPO <input type="checkbox"/> PVC <input type="checkbox"/> PVC XK		BACKING: <input type="checkbox"/> SMOOTH <input type="checkbox"/> FLEECE BACK <input type="checkbox"/> SELF-ADHERED	QUANTITY:		
COLOR:	SHEET WIDTH:	THICKNESS:	INTERPLY:		
ATTACHMENT METHOD: <input type="checkbox"/> RHINOBOND <input type="checkbox"/> MECHANICALLY ATTACHED <input type="checkbox"/> BALLASTED		<input type="checkbox"/> SELF-ADHERED <input type="checkbox"/> ADHERED	ATTACHMENT:		
FLASHING MEMBRANE:			CAP SHEET OR SURFACING:		
FLASHING ATTACHMENT:			COLOR/TYPE:		
			ATTACHMENT:		
			FLASHING MEMBRANE:		
			FLASHING ATTACHMENT:		

ADDITIONAL ITEMS

SURFACING/OVERBURDEN:	GAF PERIMETER EDGE METAL:
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LIQUID APPLIED

EXISTING DECK OR SUBSTRATE:	EXISTING COATING? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:	CLEANER:	PRIMER/RUST INHIBITOR:
PONDING TREATMENT/DECK REPAIR:		SEAM TREATMENT:	
DETAILS/PENETRATIONS:		FULL FABRIC? <input type="checkbox"/> YES <input type="checkbox"/> NO PRODUCT:	
COATING LAYER 1: RATE OF APPLICATION:                      COLOR:		COATING LAYER 2: RATE OF APPLICATION:                      COLOR:	
COATING LAYER 3: RATE OF APPLICATION:                      COLOR:		COATING LAYER 4: RATE OF APPLICATION:                      COLOR:	
ADDITIONAL SURFACING AND/OR OVERBURDEN:			

ADDITIONAL NOTES/COMMENTS: