

First & Last Name:				Со	ntractor N	Name:			
Job Name:									
Address:									
City:									
PROJECT INFORMATION	(If buildi	ng has i	multiple (designs,	complete	one for	m for each	roof section)	
Type of Work: NEW	NEW CONSTRUCTION		I	COMPLETE TEAR OFF			PARTIA	L TEAR OFF	OVERLAY
Describe roof left in place fro	om the dec	ck up (if a	applicable):					
Roof Height (ft):	f Height (ft): Roof S				es):		Roof Slope (in/ft):		
WARRANTY TERMS									
Duration (years):	5	5	10	15	20	25	30		
Wind Speed (mph):	5	55*	72	80	90	100	110	120	
	*	'Standaı	rd						
ADDITIONAL CONSIDERA	ATIONS								
Hail (in):	1	1"	2"	3"					
Accidental Puncture (hrs)	: 8	8	16	32					
Metal Inclusion:	•	Carlisle		Other:					
DESIGN CRITERIA ARE ANY FM RATINGS, USPECIFICATION FOR THE PLEASE NOTE THAT WIN	PROJEC	CT: IF S	O, LIST II	N APPRO	PRIATE S	SECTION	I BELOW.		
FM Rating:				FM Insur	ed:	Yes	No		
Specified Uplift Pressures	s (psf):								
Zone 1' (Interior)(if ASCE 7-16):				Specified Design Wind Speed:			ed:		
Zone 1 (Field):					UL Class	: .	A		
Zone 2 (Perimeter):							В		

Zone 3 (Corner):

С



ROOF ASSEMBLY

Deck Type:				
Thickness for Wood Deck:				
Substrate Board:		Thickness:	Attachment:	
Vapor Barrier:			Attachment:	
Base Sheet:			Attachment:	
Insulation (layer 1):		Thickness:	Attachment:	
Insulation (layer 2):		Thickness:	Attachment:	
Insulation (layer 3):		Thickness:	Attachment:	
Coverboard:		Thickness:	Attachment:	
<u>MEMBRANE</u>				
EPDM:	Membrane Thickness:	FleeceBACK:	Yes	No
TPO:	Membrane Securement:	Adhered		
PVC:		Mechanically Fastened *		
PVC KEE:		RhinoBond *		
		Ballasted		
		Metal Retrofit *		
		* Large Openings/Bay Doors?	Yes	No

Additional Comments/Notes: