

LIQUID APPLIED: 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:		

CONTRACTOR

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

ARCHITECT/CONSULTANT

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

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 <input type="checkbox"/> STANDARD DETAILS	DO YOU NEED HARD COPIES (BOOKS)? <input type="checkbox"/> YES <input type="checkbox"/> NO <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:		

GUARANTEE INFORMATION

GUARANTEE TYPE:	TERM (IN YEARS):
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CODE APPROVALS

IS THIS 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 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C OTHER:
PLEASE PROVIDE REQUIRED DESIGN OR CLASSIFICATION/ASSEMBLY NUMBER:	

SYSTEM COMPONENTS

EXISTING DECK OR SUBSTRATE:	
EXISTING COATING? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE:
INSULATION LAYER 1:	
THICKNESS:	
INSULATION LAYER 2:	
THICKNESS:	

CLEANER:
PONDING TREATMENT/DECK REPAIR:
PRIMER/RUST INHIBITOR:
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

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