



Roof Testing & Calculation Information Sheet
Pitched Slope Roof System Slope > 2:12 or 10 deg.
GENERAL INFORMATION

Date: _____ **Job Name:** _____
Client: _____ Address: _____
 Address: _____
 Contact: _____
 Contact: _____ Contact Phone: _____
 Phone: _____
Occupancy Use: _____
 Fax: _____ Need By: _____
 Cell: _____

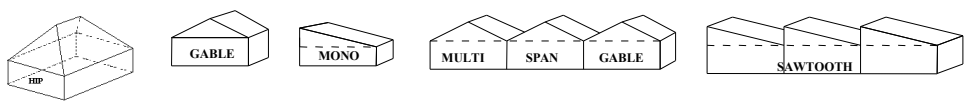
PROJECT INFORMATION:

Is this a Miami-Dade County job? YES/NO

Job Type: New Roof Re-Roof Metal Recover:
Slope: _____ **Eave Height:** _____ FT **Ridge Height:** _____ FT
 If Multiple Heights, Attach Sketch of Roof Plan with Deck Heights: Approximate Area: _____ SQ.
 Nominal Building **Width:** _____ FT (If Complex, Attach Simple Sketch) Roof Overhang Width: _____

Tile: Style: _____
Preferred Attachment: Adhesive (Foam) Mortar Screw Nail
Deck: Wood Thickness: _____ Other: _____
 Metal: Architectural: Steel Gauge: _____ Wood Thickness: _____ Other: _____
 Structural: Purlin/Joist Thickness: _____ Spacing: _____
 Panel Name / Profile: _____
 Panel Material: Steel Aluminum Other: _____
 Attachment: Clip & Screw Thru Screw Screw Size: _____
 Shingles: Name & Style: _____
Material: Asphalt Slate Other: _____
Deck: Wood Thickness: _____ Other: _____

Proposed **Manufacturer:** _____
Miami-Dade NOA #: _____ (Product Acceptance) **System Subtype & Page #:** _____
 Roof Profile: (Circle One)



Testing Requested: Tile Uplift / TAS-106
 Re-Roof Existing Deck / TAS-105 Fastener Pull

Engineering Calculations Requested: Roof Attachment Calculation Metal Panel Attachment
 Wood Blocking Calculations Anchor Rooftop Equipment
 Eave Flashings / Gutter / Coping Caps

NOTE: Calculations can not be completed if the above information is not included.



Consulting Services Requested:

- | | |
|---|--|
| <input type="checkbox"/> In-Progress Inspection | <input type="checkbox"/> Roof Condition Survey |
| <input type="checkbox"/> Final Inspection | <input type="checkbox"/> Hurricane Damage Survey |
| <input type="checkbox"/> Code Compliance Letter | <input type="checkbox"/> Other*: |

*Explain:

- Written Pricing Proposal

In order to provide you with a written pricing proposal please complete this form

ACRC appreciates this opportunity to be of service to you. We will proceed with the work on the basis of your signed agreement. Please feel free to contact us with any questions or concerns you may have.

Signature

Printed Name

Title

Date

Disclaimer:

Roof patches installed by Atlantic & Caribbean Roof Consulting, are considered temporary (30 days). The customer shall be responsible for installing permanent roof patches by a certified roofing contractor.