

SHOP DRAWING/ ENGINEERING REQUEST FORM



Date Submitted: _____

Job # (If Applicable): _____

From: _____

Selling Facility: _____

Project Information:

Name: _____

Address: _____

Installer Information:

Name: _____

Address: _____

Party to be Invoiced for Services:

Name: _____

Address: _____

Roof: Panel Profile, Material & Thickness, Pan Width, Pan Option, Color, Clip Type, Substrate Components:

Wall: Panel Profile, Materials & Thickness, Pan Width, Pan Option, Venting, Color, Attachment, Substrate Components:

Soffit: Panel Profile, Materials & Thickness, Pan Width, Pan Option, Venting, Color, Attachment, Substrate Components:

Engineering Required: Roof: YES NO Wall: YES NO Soffit: YES NO WTW Term: 5 10 15 20

Flashing/Gutter Material to Match Metal Panels: YES NO Other: _____

Panel Layout Required: YES NO WTW Type: #1 #2 #3 #4