

TITE-SET[®]

PROJECT MATERIAL PROFILE

DATE: _____

POLYFOAM REPRESENTATIVE: _____

PROJECT/BUILDING: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

BUILDING INFORMATION:

HEIGHT: _____ PARAPET WALL HEIGHT: _____

NUMBER OF SQUARES: _____

TYPE OF APPLICATION:

NEW REROOF (TEAROFF) RECOVER

EXISTING DECK: (Check all that apply)

- CONCRETE
- PRECAST POURED PLANK
- OTHER _____
- LIGHTWEIGHT CONCRETE WOOD
- GYPSUM CEMENTITIOUS WOOD FIBER
- DENS-DECK[®] OTHER _____
- STEEL GAUGE: 18 20 22
- TYPE A TYPE F TYPE B
- OTHER (SPECIFY) _____

IF RECOVER, CHECK TYPE OF BUR SURFACE:

GRAVEL SMOOTH COATED (SPECIFY) _____

TYPE OF VAPOR BARRIER:

HOT APPLIED COLD PROCESS
 SHEET NONE
 OTHER (SPECIFY) _____

INSULATION BOARDS:

| <u>TYPE:</u> | <u>LAYER:</u> |
|---|--|
| <input type="checkbox"/> POLYISOCYANURATE | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> TAPERED |
| <input type="checkbox"/> EPS | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> TAPERED |
| <input type="checkbox"/> PERLITE | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> TAPERED |
| <input type="checkbox"/> HD WOOD FIBER | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> TAPERED |
| <input type="checkbox"/> STRUCTODECK® FS (3' X 8.5' MAX.) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> TAPERED |
| <input type="checkbox"/> COMPOSITE | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> TAPERED |

SPECIFY COMPONENTS: _____

OTHER _____ 1 2 3 4 TAPERED

GYPSUM BOARDS:

DENS-DECK® 1 2 3 4
 5/8" FIRE RATED GYPSUM (TYPE X) 1 2 3 4

INSULATION MANUFACTURERS:

POLYISOCYANURATE _____
EPS _____
PERLITE _____
WOOD FIBER BOARD _____
COMPOSITE _____
OTHER _____

GYPSUM MANUFACTURER: _____

10 YEAR ADHESION WARRANTY (NO CHARGE)

YES NO

15 YEAR ADHESION WARRANTY (EXTRA CHARGE)

YES NO

MEMBRANE MANUFACTURER: _____

TYPE OF MEMBRANE SYSTEM:

LOOSE LAID/BALLASTED

MECHANICALLY ATTACHED

FULLY ADHERED:

.045 .060 OTHER _____

MODIFIED BITUMEN

BUR - # OF PLYS _____

SYSTEM NAME: _____ Ref #: _____

POLYFOAM DISTRIBUTOR: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: (_____) _____

FAX: (_____) _____

CONTACT: _____

CONTRACTOR: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: (_____) _____

FAX: (_____) _____

CONTACT: _____

SPECIFIER: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: (_____) _____

FAX: (_____) _____

CONTACT: _____

FORM COMPLETED BY: _____

COMMENTS: _____

PLEASE SKETCH THE ROOF LAYOUT BELOW. PLEASE INDICATE THE PARAPET WALLS, SLOPES, WALLS, HEIGHTS, AND OTHER ADDITIONAL INFORMATION NEEDED TO DETERMINE CORRECT CALCULATIONS OF TITASET® OR SUBMIT A ROOF PLAN.

