

CUSTOMER INFORMATION SALESMAN: _____ EXT# _____ DATE: _____
 CALL MAIL FAX EMAIL DATE REQUESTED: _____
NAME: _____ **JOB NAME:** _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
HOME PHONE: _____ **FAX:** _____
WORK PHONE: _____ **COUNTY:** _____
CELL PHONE: _____ **BUILDING PERMIT REQUIRED?** YES NO
E-MAIL: _____

POLE BUILDING REGULAR FRAME IN-BETWEEN FRAMING PERMA-COLUMN
SIZE: _____ **HEIGHT:** _____ **CONCRETE FLOOR** Yes No

STUD BUILDING **STUDS:** 2 x 4 2 x 6 **SIZE:** _____
TOTAL WALL HEIGHT: _____ **BLOCK ABOVE GROUND:** _____ **ROWS**

ROOF: SHINGLES: DIMEN _____ 3 TAB _____ **COLOR:** _____
METAL: COLOR _____ **RIDGE VENT:** Omni-roll RV100 **RIDGELITE** Yes No
VAPOR BARRIER: Y N **ROOF INSUL:** _____ **2 X2 BIRD BLOCKS** Yes No
TRUSSES: SPAN: _____ **SLOPE:** _____ /12 **ON CENTER:** 2' 4'
OVERHANG: SIDE: 12" 16" 24" **END:** _____ **ROOF SHEATHING** 7/16 1/2 5/8**
NON-STOCK LOADING: 25/10/10 25/5/10 25/5/5 **Use Long Face Drip Edge

SIDING: VINYL: _____ **PROFILE** _____ **COLOR** _____
METAL: COLOR _____ **T1-11:** PINE FIR CEDAR SMART SIDE
SKYBELT: _____ **WALL INSUL:** _____
SOFFIT: VINYL: COLOR _____ **ALUM: COLOR** _____ RS PLYWOOD NONE

DOORS:
ENTRANCE: 006 430CLR-EG 430CLR-IG **Ptd:** Yes No **Jb Clad:** Yes No
OPNG ONLY
OVERHEAD: _____ **HAAS** **STYLE #:** _____ YES
OVERHEAD: _____ **HAAS** **STYLE #:** _____ YES
SLIDING: _____ **w/CCA FILLERS** YES NO YES
SLIDING: _____ **w/CCA FILLERS** YES NO YES
WINDOWS: Vinyl Slider IG Wh Snd 3020 3030 4030 4040 YES
Croft Alum Slider SG Wh Br 3020 3030 4030 4040 **OTHER** _____

MISC: **WALL LINER:** _____ **CEILING LINER:** _____
WALL INSUL.: _____ **CEILING INSUL:** _____
NOTES: _____ **SPOUTING:** YES NO