



Roof Fact Sheet

Building Information

Project Name: _____ DSB Job #: _____
Project Address: _____
City: _____ State: _____ Zip: _____
Building Use: _____
Total Warranty Value: _____

Panel/Clip Information

Panel Type: _____ Gage: _____ Color: _____
Clip Style: _____ Thermal Blocks

Insulation

Manufacturer: _____ " Between clip and purlin
Type: fiberglass _____ " Between purlin rows
 foam board
 spray _____
 other _____

Installer

Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Phone: _____
Certifying Agency:* _____ Date Certified: _____

* If installer is not certified, they must submit a list of 5 similar installations performed in the last 3 years. Please provide project information, reference contact and phone number. Provide copy of Certification Certificate.

Acceptance by Dean Steel Buildings, Inc

Authorized Signature: _____ Date: _____
Printed Name: _____ Title: _____