



Paraguard Roof to Roof Expansion Jt.

ORDER/SPECIFICATION FORM

A = _____

B = _____

C = _____

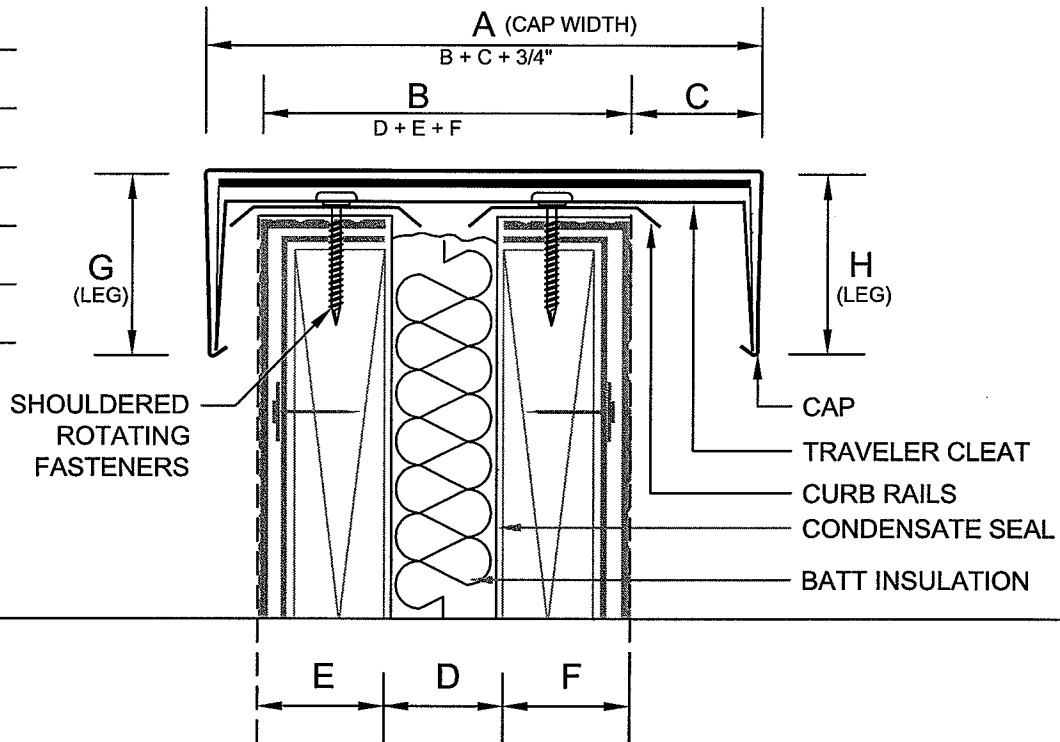
D = _____

E = _____

F = _____

G = _____

H = _____



* FOR PURPOSES OF CLARITY THE SIPLAST REQUIRED MEMBRANE APPLICATION IS NOT SHOWN.

QUANTITY:

- | | |
|------------------------|---|
| ___ TOTAL FEET | ___ PCS TRANSITION TO PROFORM GRAVEL STOP |
| ___ PCS. STOCK @ 10'0" | ___ PCS TRANSITION TO PARAGUARD RAISED EDGE |
| ___ PCS STD. "T" | ___ PCS TRANSITION TO PARAGUARD COPING |
| ___ PCS STD. "CROSS" | ___ OTHER (attach sketch) |

MATERIAL THICKNESS FINISH

- | | | |
|---------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> ALUMINUM | <input type="checkbox"/> 0.040" | <input type="checkbox"/> COIL KYNAR |
| <input type="checkbox"/> GALV. STEEL | <input type="checkbox"/> 0.050" | <input type="checkbox"/> SPRAY KYNAR |
| <input type="checkbox"/> STAIN. STEEL | <input type="checkbox"/> 0.063" | <input type="checkbox"/> MILL |
| | <input type="checkbox"/> 24 GAUGE | <input type="checkbox"/> CLEAR ANODIZED |
| | <input type="checkbox"/> _____ | <input type="checkbox"/> BRONZE ANODIZED |
| | | <input type="checkbox"/> BLACK ANODIZED |

SIPLAST PARAGUARD COLOR: SP _____

JOB NAME: _____

QUOTE NO: _____

LOCATION: _____

SHIP TO ADDRESS: _____

CONTRACTOR APPROVAL:

APPROVED FOR FABRICATION

APPROVED WITH CHANGES

CONTRACTOR NAME

DATE

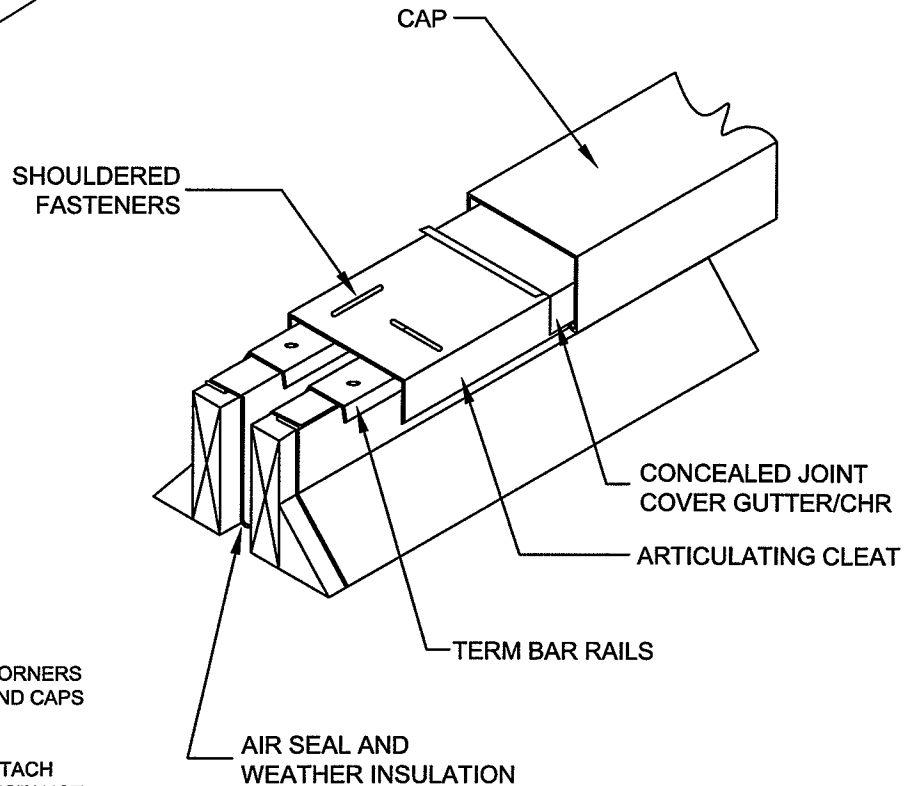
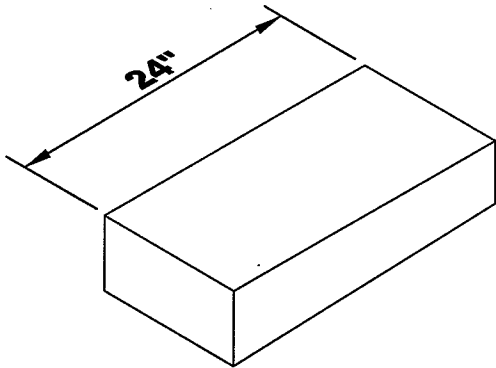
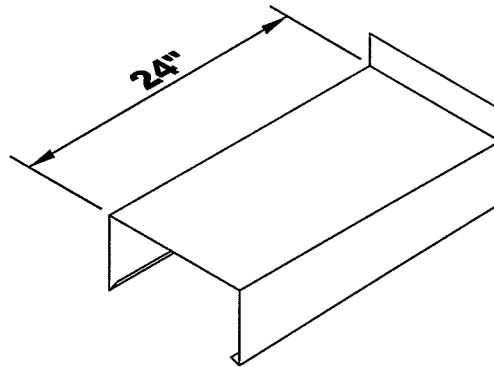
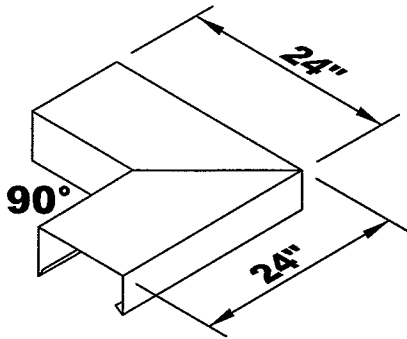
CONTRACTOR REPRESENTATIVE

CONTRACTOR SIGNATURE



Paraguard Roof to Roof Expansion Jt.

ORDER/SPECIFICATION FORM



STANDARD EXPANSION JOINT ENDS AND CORNERS
CORNERS ARE 90° - 24" X 24". STANDARD END CAPS
ARE 24" LONG.

FOR SPECIAL CORNER REQUIREMENTS, ATTACH
SKETCHES OR CONSULT SIPLAST FOR ASSISTANCE.

MINIMUM AND MAXIMUM SIZES ARE INDICATED.
INTERMEDIATE SIZES MAY BE SPECIFIED WITHIN
THESE RANGES. CONSULT SIPLAST FOR
REQUIREMENTS NOT WITHIN THESE RANGES.