



REQUEST FOR INFORMATION

Technical Services Department - Estimating
1500 Hamilton Rd. Bossier City, LA 71111
Phone: 1-800-950-9082 Fax: 318-752-5057

Date: _____ From: _____
 Attn: _____ Phone: _____ Sent by: Fax Email
 Customer: _____ Fax No: _____
 Project: _____ Email: _____

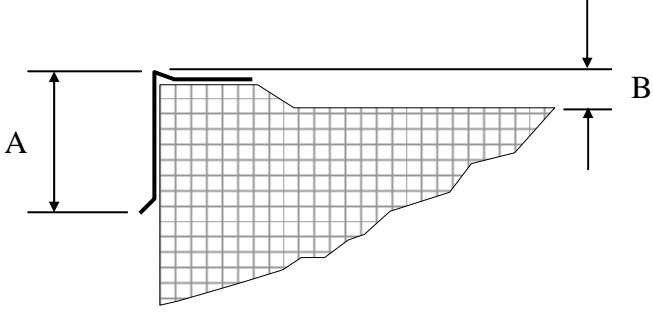
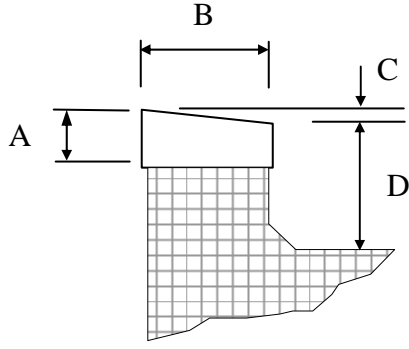
Please Return by: _____ Requested Bid Date: _____

The following questions relate to the existing building(s), which McElroy's retrofit system will be constructed over. To ensure that a competitive price is provided to you, it is imperative that we obtain some specific information about the building's roof support system and its perimeter roof edge construction. If the project consists of more than one building, provide copies of these pages for each building and identify each with a label. If one roof area has multiple types of existing roof support construction, check or fill-in all that applies and provide a sketch that designates which areas are those you have described below.

Please return immediately to ensure your price is estimated by the requested bid date:

Existing Roof's Structural Support System and Deck (check or fill-in all that apply)	
<input type="checkbox"/> Steel Bar Joist supported by Beams or Walls Joist Spacing: _____ O.C. Joist Span Direction ¹ : <input type="checkbox"/> Parallel <input type="checkbox"/> Perpendicular Decking Type: _____	<input type="checkbox"/> Steel Beam supported by Beams or Walls Beam Spacing: _____ O.C. Beam Span Direction ¹ : <input type="checkbox"/> Parallel <input type="checkbox"/> Perpendicular Decking Type: _____
<input type="checkbox"/> Steel Beam with Bulb Tees Bulb Tee Spacing: _____ O.C. Beam Span Direction: <input type="checkbox"/> Parallel <input type="checkbox"/> Perpendicular Decking Type: <input type="checkbox"/> Wood <input type="checkbox"/> Tectum <input type="checkbox"/> ? _____	<input type="checkbox"/> Steel or Wood Truss with Purlins Purlin Type: _____ Spacing: _____ O.C. Truss Spacing: _____ O.C. Decking Type: _____
<input type="checkbox"/> Pre-engineered Metal Building Purlin Spacing: _____ O.C. Rigid Frame Spacing: _____ O.C. Roof Panel Type: <input type="checkbox"/> Ribbed <input type="checkbox"/> SSR Rib Spacing? _____ O.C.	<input type="checkbox"/> Concrete Beams supported by Beams or Walls Beam Spacing: _____ O.C. Beam Span Direction: <input type="checkbox"/> Parallel <input type="checkbox"/> Perpendicular Decking Type: <input type="checkbox"/> Structural Concrete <input type="checkbox"/> Concrete Plank
<input type="checkbox"/> Wood Joists supported by Beams or Walls Joist Spacing: _____ O.C. Joist Span Direction: <input type="checkbox"/> Parallel <input type="checkbox"/> Perpendicular Decking Type: _____	<input type="checkbox"/> Concrete Tees supported by Beams or Walls Tee Spacing: _____ O.C. Tee Span Direction: <input type="checkbox"/> Parallel <input type="checkbox"/> Perpendicular If Parallel, what is spacing of supports? _____ O.C.

¹ Span Direction is relative to the "Ridge" of the new McElroy Roof

Existing Roof Edge Construction				
Select the roof edge that best describes the existing condition and provide requested information				
<input type="checkbox"/> Gravel Stop <input type="checkbox"/> None this Building				
Dimensions				
"A"	"B"			
Will gravel stop be removed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If not, are we to conceal it with flashing? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Parapet <input type="checkbox"/> None this Building				
Dimensions				
"A"	"B"	"C"	"D"	
Is this a structural load-bearing parapet? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Will parapet cap be removed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If not, are we to conceal it with flashing? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Other Information: (please answer these questions if box is checked)

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Notes: (include any additional information that will be helpful to us when preparing your estimate)

- 1.
- 2.
- 3.