

PROSEAL PROJECT AWARD NOTIFICATION (PAN)



Job # (Office use only): \_\_\_\_\_

PART 1. GENERAL INFORMATION

CONTRACTOR: Tel \_\_\_\_\_ Postal Code/Zip \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ Prov/State \_\_\_\_\_
PROJECT NAME: Tel \_\_\_\_\_ Postal Code/Zip \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ Prov/State \_\_\_\_\_
OWNER: Tel \_\_\_\_\_ Postal Code/Zip \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ Prov/State \_\_\_\_\_
SPECIFIER: Tel \_\_\_\_\_ Postal Code/Zip \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ Prov/State \_\_\_\_\_
GENERAL CONT: Tel \_\_\_\_\_ Postal Code/Zip \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ Prov/State \_\_\_\_\_

PART 2. PROJECT INFORMATION

Roof Design (1 of \_\_\_ ): LL/B 0 PMR 0 FA 0 MF 0 N/F 0
Construction (1 of \_\_\_ New 0 Re-roof (tear-off) 0 Retrofit (over existing) 0
Roof Area: \_\_\_\_\_ Height \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Slope \_\_\_\_\_

Note 1: If there are multiple roof designs or constructions, complete PART 2 and PART 3 on subsequent PAN forms.
Note 2: Submit a Roof Sketch showing perimeter dimensions, roof elevations and non standard details.

IF RE-ROOF OVER EXISTING:

Existing Roof Type: Coal Tar 0 Asphalt 0 Other \_\_\_\_\_ Surface \_\_\_\_\_
Existing Insulation: Type \_\_\_\_\_ Thickness \_\_\_\_\_
Existing Vapor Retarder: \_\_\_\_\_

DESIGN CRITERIA

Factory Mutual 0 U.L./U.L.C. 0 Other \_\_\_\_\_

STRUCTURAL DECK

Steel: Gauge \_\_\_\_\_ Rib Spacing (inches) \_\_\_\_\_
Concrete Poured 0 Precast 0 Lt. Wt. 0 Gypsum 0
Other \_\_\_\_\_ Thickness of Deck (inches) \_\_\_\_\_
Wood: Plywood 0 T&G 0 Mill 0 Other \_\_\_\_\_ Thickness of Deck \_\_\_\_\_

PART 3. NEW ROOF ASSEMBLY

Vapor Retarder: ProVap 10 0 ProVap 6 0 Other \_\_\_\_\_
Insulation: Iso [ ] Fanfold [ ] other [ ] Thickness \_\_\_\_\_ Size \_\_\_\_\_ Mf \_\_\_\_\_
Separation Layer: ProFelt 400 0 ProFelt 250 0 ProFabric 0 Other \_\_\_\_\_
Insulation Securement \_\_\_\_\_ per sq. ft.
Fastener: Type \_\_\_\_\_ Size \_\_\_\_\_ Mfg. \_\_\_\_\_
Plate: Type \_\_\_\_\_ Size \_\_\_\_\_ Mfg. \_\_\_\_\_
Field Membrane proSeal C3 Thickness (mil) \_\_\_\_\_
Fastener: Type \_\_\_\_\_ Size \_\_\_\_\_ Mfg. \_\_\_\_\_ Spacing Field \_\_\_\_\_ Perim \_\_\_\_\_
Plate/Bar: Type \_\_\_\_\_ Size \_\_\_\_\_ Mfg. \_\_\_\_\_ Spacing Field \_\_\_\_\_ Perim \_\_\_\_\_
Flashing Membrane proSeal C3 Thickness (mil) \_\_\_\_\_ Roof Drains: PVC New \_\_\_\_\_ PVC Retrofit \_\_\_\_\_ Size \_\_\_\_\_ Cast \_\_\_\_\_
Ballast Type \_\_\_\_\_ Quantity \_\_\_\_\_ lbs./sq.ft.

PART 4. OTHER INFORMATION

Use of Roof: \_\_\_\_\_
Building Use Below Roof: \_\_\_\_\_
Condition Requiring Special Consideration: \_\_\_\_\_
Are the building owner or their representative required to be present for inspection? Yes 0 N 0
Is a portable ladder required to access the roof area? Yes 0 No 0
Is security clearance required to access the roof area? Yes 0 No 0

PART 5. WARRANTY/SIGNATURES

Award Date: \_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_
Warranty L&M \_\_\_\_\_ NDL \_\_\_\_\_
Warranty Period: 10 Years 0 15 Years 0 20 Years 0 25 Years 0 30 years 0
Contractor Signature (Sign & Print): \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

TECHNICAL DEPARTMENT

Approval (Sign & Print): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



