

Customer Name: _____ Service Rep: _____

Job Name: _____ Customer Email: _____

City: _____ State: _____ Zip: _____ Customer Phone: _____

Project Details

Building Dims: _____ L x _____ W x _____ H Roof Panel: _____

Foundation Type: _____ Wall Panel: _____

Primary Roof Slope: _____ Overhang: _____ Roof Type: Gable Lean-To

Bay Spacing: _____ Soffit: Vented Solid None

Notes: _____

Add On's

Sweat Shield™

Yes

No

OSB

Roof

Wall

None

Wainscot

Yes

No

Cupola(s)

Black Roof

Windows

Copper Roof

Louvers

Quantity: _____

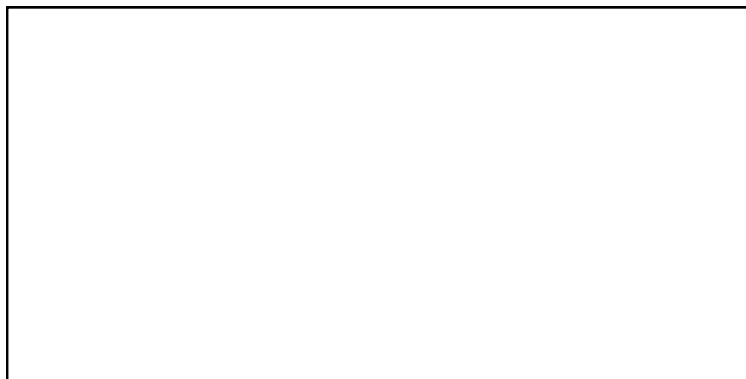
Size: _____

None

(Approx.)

Doors & Windows Drawing

BSW (Back Side Wall)



LEW
(Left
End
Wall)

REW
(Right
End
Wall)

FSW (Front Side Wall)
[High side on Single Slope]