

Fixing Specification Request

Please complete in 'BLOCK CAPITALS'. *Mandatory Information.

<u>Customer Details</u>	*Name..... *Address..... *Tel..... *Fax..... *Contact.....
<u>Full Site Address / Project Name</u>	*Postcode..... *Street Name..... *Town / Suburb..... *County..... *Project name.....
<u>Main Contractor / Builder</u>	*Name..... *Contact..... *Site Tel.....
<u>Project Specification</u>	*Tile type..... *Roof Pitch.....Degrees..... *Duo Pitch [] Mono Pitch [] *Eaves Height.....metres *Rafter length.....metres *Building length.....metres *Building width.....metres *Ridge height (above ground level).....metres *Counter Batters Yes [] size..... No [] *Dry Ridge Yes [] No [] *Dry Verge Yes [] No [] *Dry Hip Yes [] No [] *Fixing preference Nailing [] Clipping []
On completion of this request, it is assumed that BS5534 and BS 8000 part 6 has been complied with, in regards to specification in line with current Building Regulations and guidelines.	
Signature	
Name (BLOCK CAPITALS)	
Date	

On completion please fax to: 01283 505485