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Please provide your details below

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Contact Number \_\_\_\_\_  
 e-mail address \_\_\_\_\_

## ROOF DETAILS

ROOF STYLE \_\_\_\_\_

EXT COLOUR \_\_\_\_\_  
 INT COLOUR \_\_\_\_\_

GLAZING THICKNESS      25mm / 35mm  
 GLAZING MATERIAL      GLASS / POLYCARB  
GLASS ONLY AVAILABLE IN 25mm  
 COLOUR/SPEC REQ \_\_\_\_\_

Use the grid to sketch your roof design  
 with dimensions shown in millimetres

### HOUSE WALL

Job Ref: \_\_\_\_\_

## ADDITIONAL DETAILS

FRAME THICKNESS: \_\_\_\_\_  
 PITCH (IF KNOWN)      \_\_\_\_\_  
STD DUO = 25      STD MONO = 5  
 SPECIFIC HEIGHT (IF REQ): \_\_\_\_\_  
 TIE BAR (WHERE REQ):      STD / TIE WIRE  
 FINIAL:      STD / BALL / PIP  
 CRESTING:      STD / BLANKED  
 ROOF VENTS:      MANUAL / ELECTRIC / FULL AUTO

Additional survey notes:

All dimensions should be given in millimetres and taken from INTERNAL CILL  
 Please indicate any additional walls ONLY IF HIGHER THAN FRAME LEVEL.