



2250 South 10th Street • San Jose, CA 95112 • 800-669-7010 • 408-297-3500 • www.burkeind.com

Application for Job Acceptance and Roof Diagram Form

Date ____ / ____ / ____

Guidelines

Prior to starting any Burke Systems installation, the roofing applicator is required to submit this completed form to Burke for approval. Any supporting materials, drawings, or specifications necessary must be included. No warranty will be issued if a job approval number has not been issued by Burke prior to start-up, effective September 15, 1988. See Burke document # BR-00347 "Job Approval, Inspection, and Warranty Procedure" for complete instructions.

Roof Installation Type

Mechanically Fastened _____ Fully Adhered _____ Vac-Q-Roof _____ Other _____

Project Name and Location

Applicator _____	Project Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone _____	Phone _____
Fax _____	Fax _____

Project Information

New Roof _____ Reroof _____ Tear-off _____ Wood deck _____ Steel deck _____ Structural Concrete (2500 PSI) deck _____
 Other (describe) _____ Test pulls done? Yes _____ No _____ Results _____
 Proposed number of half sheets _____ Frequency of lap fasteners: Perimeter: _____ inches O.C. Field: _____ inches O.C.
 Reroof size _____ Deck thickness _____ Burkeline CSPE chosen: M-358 _____ M-356 _____ M-415 _____
 Approx. age of building _____ Type of construction _____ Number of floors _____
 Type of decks _____ Thickness of decks _____ Slope of decks _____

Parapet heights and locations _____

Are there existing roof ventilators? Yes _____ No _____ (if yes, locate on drawing)
 Are there openings in side(s) of building larger than 3' x 7' Yes _____ No _____
 Do openings on any wall exceed 10% of its area? Yes _____ No _____
 (if yes, describe each and locate) _____
 Is building within 10 miles of a major shoreline? Yes _____ No _____
 Is building located in open country? Yes _____ No _____
 Other tall or taller buildings within 500 yards? Yes _____ No _____
 Are there trees eave height or tall nearby? Yes _____ No _____
 Major mountains nearby? Yes _____ No _____
 Is the location locally considered windy? Yes _____ No _____
 Have there been any prior blow-off problems? Yes _____ No _____
 Are you aware of any roof structural problems? Yes _____ No _____
 (if yes, describe each and locate) _____

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Project Information (cont.)

Describe prevailing annual wind conditions _____

Describe and locate large objects or unusual features of roof (i.e. mansards, elevator houses, penthouses, air scrubbers, etc.)

What is the current building use? _____

Required Classifications and Warranty

Warranty: 5 year _____ 10 year _____ 15 year _____ Warranty Coverage: System _____ Material only _____
Other _____

Minimum sustained wind speed requested on warranty: _____ mph (40 mph or 50 mph: 10 year, 60 mph or 70 mph: 15 year system)

Underwriters Labs: Class A _____ Class B _____ Factory Mutual Systems: I-60 _____ I-90 _____ Other _____

Materials

Brand and type of insulation(s) _____ Thickness _____

Slipsheet _____ Vapor retarder _____ Other _____

All fasteners provided are Burke insulation type _____ Number per 4' x 8' board _____

All fasteners provided are Burke membrane type _____

Seaming method chosen: Hot air _____ Welding solution _____ Is this your first Burke job? Yes _____ No _____ Second? _____

Planned start date ____ / ____ / ____ Person to contact at your firm _____ Phone # () _____

Reroof Only

Moisture survey done? Yes _____ No _____ By whom? _____ Type _____

Frequency of test plugs _____ Area of insulation to be replaced _____ square feet

Other remedial action planned _____

Is a written report available Yes _____ No _____ Attached? Yes _____ No _____ Planned? Yes _____ No _____

I hereby certify that the receiving roof will be dry, smooth, and sound upon installation of the Burkeline System Roof.

Signed: _____

Reviewed by _____ Date ____ / ____ / ____ CL entered _____	ACCEPTANCE NUMBER: _____
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