



INSPECTION REQUEST

* Attach Project Profile Form

PURPOSE:

- JOB START
- IN-PROGRESS, REQUIRED BY SPEC

DATE: ____ / ____ / ____

Installation Contractor: _____ City/State: _____
 Contact: _____ Phone: (____) _____
 Union Authorized Contractor #: _____

Building Name: _____ **Owner Name:** _____
 Building Address: _____ City / State: _____
 City / State / Zip: _____ Building Use: _____

Architect: _____ **G.C.:** _____
 Contact: _____ Contact: _____
 City / State: _____ City / State: _____
 Phone: ____ (____) _____ Phone: ____ (____) _____

Completed Roof: Total new metal roof area: _____ squares square feet
 Approximate percentage complete on this date: _____ %
 New Roof ReRoof Roof Slope: ____:12
 Roof Access? Ladder: ____' Accessible Hatch
 Panel System: ML200 (2" seamed) SL175 (snap lock) SL150 (snap lock)
 gauge: ____ ML150 (1-1/2" seamed) ML150C (1-1/2", curved) Other: _____
 Finish: Bare galvalume Standard color Custom Color: _____

What is the purpose for this inspection? _____

Are there specific questions or areas that need attention? _____

Is there anything unusual or unique with this roof design/installation? _____

Additional comments: _____

Upon receipt of this form, Union Tech Services will contact you to review and coordinate the inspection schedule.

Submitted By: _____ Date: ____ / ____ / ____