



FLAT ROOF System

Order Form

It is the responsibility of the installer to ensure supporting framework provides adequate lateral support for the roof. Adequate structural couplers and corner posts must be incorporated into the design for this purpose. Roof dimensions are internal frame sizes in mm. Please indicate all angles. **All sketches are viewed from the OUTSIDE. Maximum Soffit Overhang is 600mm (subject to survey).**

Openings for lanterns/ roof lights measure to External Kerb. The external finished roof lining (membrane, cladding, GRP) and any building straps/fasteners to the base and host wall are **NOT** supplied as part of the flat roof system and should be sourced by the installer. Insulated plasterboard NOT supplied as standard unless specified in extras box below.

Please mark and dimension host wall locations, any brickwork and any lantern openings. Please use the attached Order Forms for roof lights and lantern orders.

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Please use the attached Order Forms for roof lights and lantern orders.**

GUTTER		FASCIA		SOFFIT		SOFFIT DEPTH											
WHITE		WHITE		WHITE		DEPTH	MM										
ANTHRACITE GREY		ANTHRACITE GREY		ANTHRACITE GREY		(Max 600mm)											
BLACK		BLACK		BLACK													
NO GUTTER		NO FASCIA		NO SOFFIT													
BESPOKE (RAL) Please Specify _____		GUTTER SHROUD <table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td></td> </tr> </table>		YES		NO											
YES		NO															
FRAME THICKNESS _____ MM		HEIGHT RESTRICTION _____ MM		ROOFLIGHTS <table border="1"> <tr> <td>LANTERN ROOF</td> <td></td> <td>QTY</td> <td>_____</td> </tr> <tr> <td>FLAT ROOFLIGHT</td> <td></td> <td>QTY</td> <td>_____</td> </tr> </table>		LANTERN ROOF		QTY	_____	FLAT ROOFLIGHT		QTY	_____	EXTRAS <table border="1"> <tr> <td>INSULATED PLASTERBOARD</td> <td></td> </tr> </table>		INSULATED PLASTERBOARD	
LANTERN ROOF		QTY	_____														
FLAT ROOFLIGHT		QTY	_____														
INSULATED PLASTERBOARD																	

QUOTE ☐ / ORDER ☐

JOB / DELIVERY DETAILS

NAME _____

REFERENCE _____

CONTACT NUMBER _____

EMAIL _____

DELIVERY ADDRESS _____

SITE POSTCODE _____PREFERRED DELIVERY DATE

NOTES

YOUR DETAILS

NAME _____

COMPANY_____

CONTACT NUMBER _____

EMAIL _____

ADDRESS _____

POSTCODE _____

SIGNATURE _____