

Name _____

Mailing Address:

Street: _____
 City: _____
 State: _____ Zip: _____ County: _____

Building Address:

Street: _____
 City: _____
 State: _____ Zip: _____ County: _____

Daytime Phone: () _____ Evening Phone: () _____

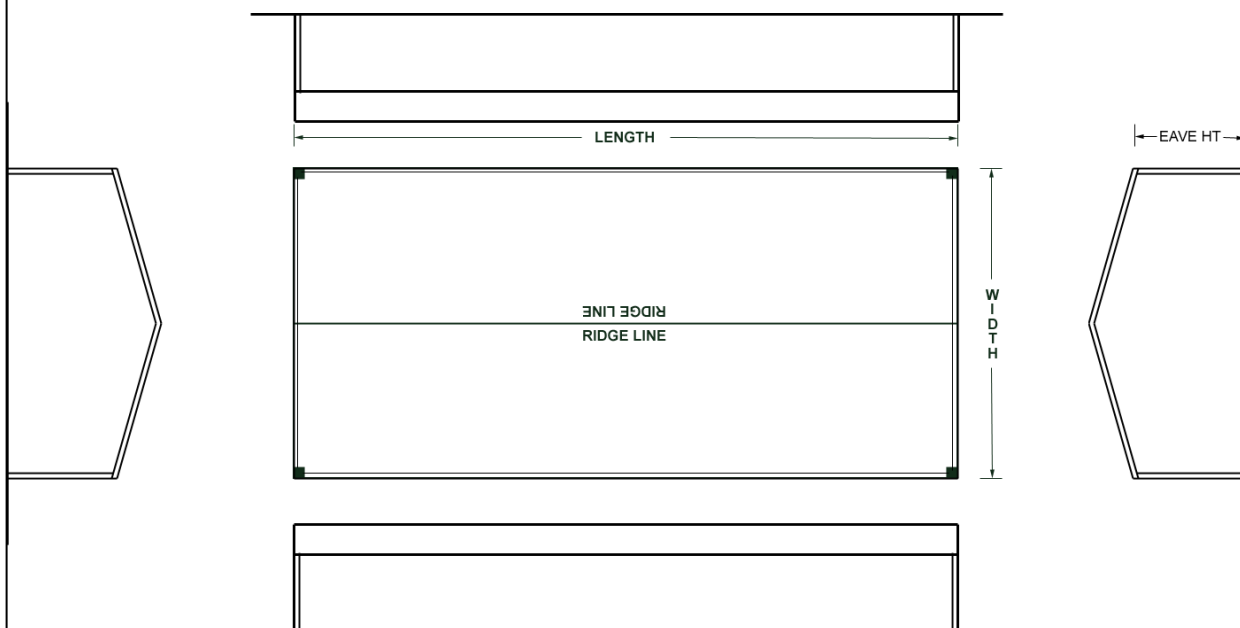
Snow Load: _____ # (PSF) Wind Load _____ (MPH) Concrete Floor: YES NO

Width _____ ' x Length _____ ' x Eave Ht. _____ '

Please check marks for desire options:

- Building Kit Only Labor to Build Painted Roof
- Insulated Walls Eavelights (Sides Only) Insulated Roof
- Overhangs Windows (4'W x 3'H) Slider Door(s) Qty _____
- Walk-in Door(s) Qty _____ Overhead Door(s) Qty _____

PLEASE LOCATE ALL DOORS AND WINDOWS ON THESE NON-SCALE DRAWINGS





Painted Roof



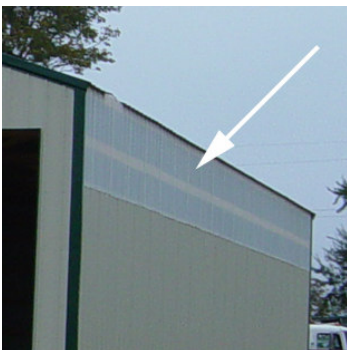
Non-Painted Roof (Galvanized)



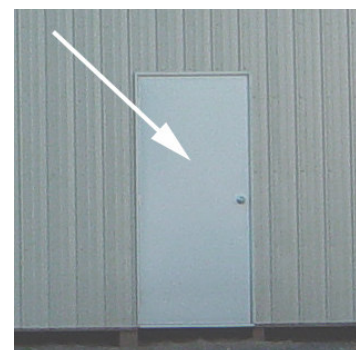
Metal Building Insulation



Roof Overhang



Eave Light



Walk-In Door



Slider Door



Overhead Door