

PROJECT AWARD STATEMENT

Approved Applicator:				
Applicator Address:				
City:	State:	Zip: _		
Telephone #:	Fax #:	Da	ate:	
Project Manager:				
The following job will require a	year Barrett Materi	al □; Labor & Material □; C	Other 🗆	
Warranty upon completion:				
Project Name:				
Project Location:				
Building Owner & Address:				
Owner's Contact:	Owne	er's Phone #:		
General Contractor:				
Architect:				
New Construction [SQ Feet] Barrett Spec. #: Deck Construction: Insulation Type(s): Ballast/ Surfacing:	Fla Slo Th	e-Roof (SQ Feet) ashing Spec. #: ope (in/ft): hickness(s): apor Retarder:		
Building Use Below Roof: Surface Use - Foot Traffic ☐ and/or Or Condition(s) Requiring Special Attenti	ther (list): on:			
Please enclose a copy of contract speci details.	fications and copies of a	any details not in conformance	e with Barrett standard	
Material Order Placed With:				
Date of Order:	Order	Order Shipped:		
Shipped:				
Project Starting Date:				