

# Commercial Design and Quote Request Submittal Form

## DURAVENT CUSTOMERS ONLY

Fill out and send to DuraVent, Attn: Sales Department at [layouts@duravent.com](mailto:layouts@duravent.com) or **518.463.5271(fax)** to request a quote, bill of material and/or submittal drawing for a FasNSeal Venting System. To help us provide you with the best and most timely service, make sure all sections of this worksheet have been completed. All requests will be placed in a queue and given an estimated completion date.

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Job Name: \_\_\_\_\_

Job City & State: \_\_\_\_\_

Date Request Needed By: \_\_\_\_\_

List all applicable building codes, e.g. State, Local & Other:

\_\_\_\_\_

\_\_\_\_\_

Vent Diameter(s) (inches): \_\_\_\_\_

SINGLE WALL  DOUBLE WALL  BOTH  FLEX

## APPLIANCE INFORMATION

If appliances of more than one make/model will be installed, include the required information about each appliance. (Use separate sheet if necessary).

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Flue Collar Diameter: \_\_\_\_\_

Appliance Adapter (If Known): \_\_\_\_\_

How many appliances: \_\_\_\_\_

Are appliances set in place? \_\_\_\_\_

Housekeeping pad: \_\_\_\_\_ (inches)

Fan Assisted  Yes  No Draft Inducer  Yes  No

If yes: MFR.: \_\_\_\_\_

Model: \_\_\_\_\_ CFM: \_\_\_\_\_

## ESSENTIAL INFORMATION

To provide the fastest service, please provide as many details as possible.

### SERVICE REQUEST

- Revision of Existing Design Layout.
- Quick Quote (Layout Drawings Not Included - 24 business hours).
- Layout Drawing & Bill of Materials (Within 48 business hours).
- Sizing (Fill out required info below).

### SKETCH/DRAWING

- Please provide a sketch with centerline dimensions showing the desired layout. \*(Mechanical room drawings without dimensions will NOT BE ACCEPTED).
- Indicate diameters on common vent systems.
- Include elevation and plan views as required.
- If possible, identify critical dimensions and/or tolerances.

### SIZING CHECK

Altitude: \_\_\_\_\_ (ft.) Exhaust % CO<sub>2</sub>: \_\_\_\_\_

Smoke Temp.: \_\_\_\_\_ (°F) Exhaust Pressure: \_\_\_\_\_ ("W.C.)

Horizontal & Vertical Dimensions of runs: ( Attach Sketch )

BTU in: \_\_\_\_\_ BTU out: \_\_\_\_\_

## TERMINATIONS

Roof/Wall/Ceiling made of combustibile material?  Yes  No

Firestops?  Yes  No Roof Pitch \_\_\_\_\_

Roof/Wall Thickness: \_\_\_\_\_ (inches)

Curb Height on Roof: \_\_\_\_\_ (inches)

Termination Details:

- Rain Cap  Bird Screen  Leave Open
- Termination Cone  Fan by Others

## MECHANICAL SUPPORT (please check preference)

Supplied By Customer

<input type="checkbox"/> Roof Top	<input type="checkbox"/> Vertical	<input type="checkbox"/> Horizontal
<input type="checkbox"/> Variable Pitch Flashing	<input type="checkbox"/> Wall Mounted Bracket	<input type="checkbox"/> Wall Mounted Bracket
<input type="checkbox"/> Tall Cone Flashing	<input type="checkbox"/> Support Clamp	<input type="checkbox"/> Support Clamp

## REVISION

Submit latest revised layout drawing with desired changes.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_