CeBB, Corp.
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INSPECTION, STUDIES, DESIGN & TESTING SERVICES
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TAS 106-95
TILE UPLIFT WORK ORDER FORM

Permit #: Project Name:	CeBB, Corp. Client:
Jobsite Address:	Contact person:
City:	Phone: Fax:
Building Use (check one): o RESIDENTIAL o COMMERCIAL	Billing Address:

Roof Info (check one):

- o Pitch: ☐3:12 ☐4:12 ☐5:12 ☐6:12 ☐7:12 or steeper
- o Height: ☐ One Story ☐Two-Story ☐Multiple Story
- o Attachment Method (check one):
  - o Adhesive Foam (Type):
  - o Nail-On ☐1 Nail ☐2 Nails
  - o Screw-On ☐1 Screw ☐ 2 Screws
  - o Mortar set
- o Manufacturer of the Tile and Type and NOA Nr.: _____
- o Total Sloped Roof Area: _____

Note: For Nail-On and Screw-On set systems, please attach NOA for the type of tile used.

Proposed Roof System: o NEW ROOF o RE-ROOF o ADDITION	o Mean Roof Height: _____

Roof diagram with **dimensions** and Notes:

- **Please note that the <u>Permit should be on Site</u> at the time of the Test and the <u>job should be completed before ordering the test.</u>**
- **If any of the two conditions are not meet and we send a crew on the jobsite you will be subject to additional travel charges and re-testing fees.**
- **In the unlikely event that the Tile Uplift fails the testing criteria, there should be an additional charge for re-test**