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 INSPECTION, STUDIES, DESIGN & TESTING SERVICES
 www.cebb.net

TAS 106-95
TILE UPLIFT WORK ORDER FORM

Permit #:	CeBB, Corp. Client:
Project Name:	
Jobsite Address:	Contact person:
City:	Phone: Fax:
Building Use (check one): <input type="radio"/> RESIDENTIAL <input type="radio"/> COMMERCIAL	Billing Address:

Roof Info:

- Pitch: _____
- One Story or Two-Story: _____
- Deck Type: _____
- Attachment Method (check one):
 - Adhesive Foam (Type): _____
 - Nail-On (1 or 2 Nails): _____
 - Screw-On (1 or 2 screws): _____
- Manufacturer of the Tile and Type and NOA Nr.: _____
- 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: <input type="radio"/> NEW ROOF <input type="radio"/> RE-ROOF <input type="radio"/> ADDITION	<input type="radio"/> Mean Roof Height: _____ <input type="radio"/> One Story: _____ <input type="radio"/> Two Story: _____
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Roof diagram with **dimensions** and Notes:

I, _____, THE OWNER OF THE ABOVE REFERENCED ADDRESS AGREE TO PAY \$ 250 \$ _____ REPRESENTING THE COST OF ONE TAS 106-95 (TILE UPLIFT TEST). I FURTHER UNDERSTAND IN THE UNLIKELY POSIBILITY THAT IF THE TILE UPLIFT TEST "FAILS" THE TESTING CRITERIA, THERE WOULD BE AN ADDITIONAL FEE FOR RE-TEST.

Signature: _____
 Date: _____

I ALSO UNDERSTAND THAT IF THE SUBJECT ROOF HAS BEEN PAINTED IN THE PAST WE CANNOT PERFORM UPLIFT TEST AND YOU WILL BE CHARGED A FULL TESTING FEE IF OUR TECHNICIANS TAKE THE SITE TRIP TO YOUR PROPERTY.

PLEASE NOTE THAT THE PERMIT SHOULD BE ON SITE AT THE TIME OF THE TEST and THE JOB SHOULD BE COMPLETED BEFORE ORDERING THE TEST. IF ANY OF THE TWO CONDITIONS ARE NOT MET AND WE SEND A CREW ON THE JOBSITE YOU WILL BE SUBJECT TO ADDITIONAL TRAVEL CHARGES AND RE-TESTING FEES.