

Design and Quote Request Submittal Form

Fill out and send to M&G DuraVent, Attn: Sales Department at sales@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 % CO₂: _____

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

Horizontal & Vertical Dimensions of runs: (Attach Sketch)

BTU in: _____ BTU out: _____

TERMINATIONS

Roof/Wall/Ceiling made of combustible 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: _____

