

REQUEST FORM

TREX ELEVATIONS® ESTIMATED FRAMING MATERIALS LIST AND DECK PLAN

It is required that all applicable information requested below be provided to order material list and deck plan. If information is missing, the form will be returned to you for completion. Information provided is for use by Trex Company only. Information provided on this form will not be shared outside of the aforementioned entity.

PLEASE NOTE THE DECK PLAN PROVIDED TO YOU IN RESPONSE TO THIS DOCUMENT SHOULD BE USED ONLY FOR AN ESTIMATE OF THE TREX ELEVATIONS MATERIALS (PROFILES AND NUMBER OF PIECES) REQUIRED FOR THE DECK PROJECT. IT SHOULD NOT BE USED AS A CONSTRUCTION DRAWING FOR THE DECK SUBSTRUCTURE. YOUR ULTIMATE DESIGN SHOULD BE PREPARED BY A LICENSED CONTRACTOR, AND MUST COMPLY WITH LOCAL BUILDING CODES.

Your Name: _____ Company Name: _____ Today's Date: _____

YOUR ROLE IN THIS PROJECT (Check one): Project Owner Contractor Dealer/Supplier Architect/Engineer/Specifier
 Trex Distributor Trex Employee Other _____

Project Name: _____ Project City, State/Province, Zip/Postal: _____

Project Type (Check one): Residential Commercial Phone # if we have questions: _____

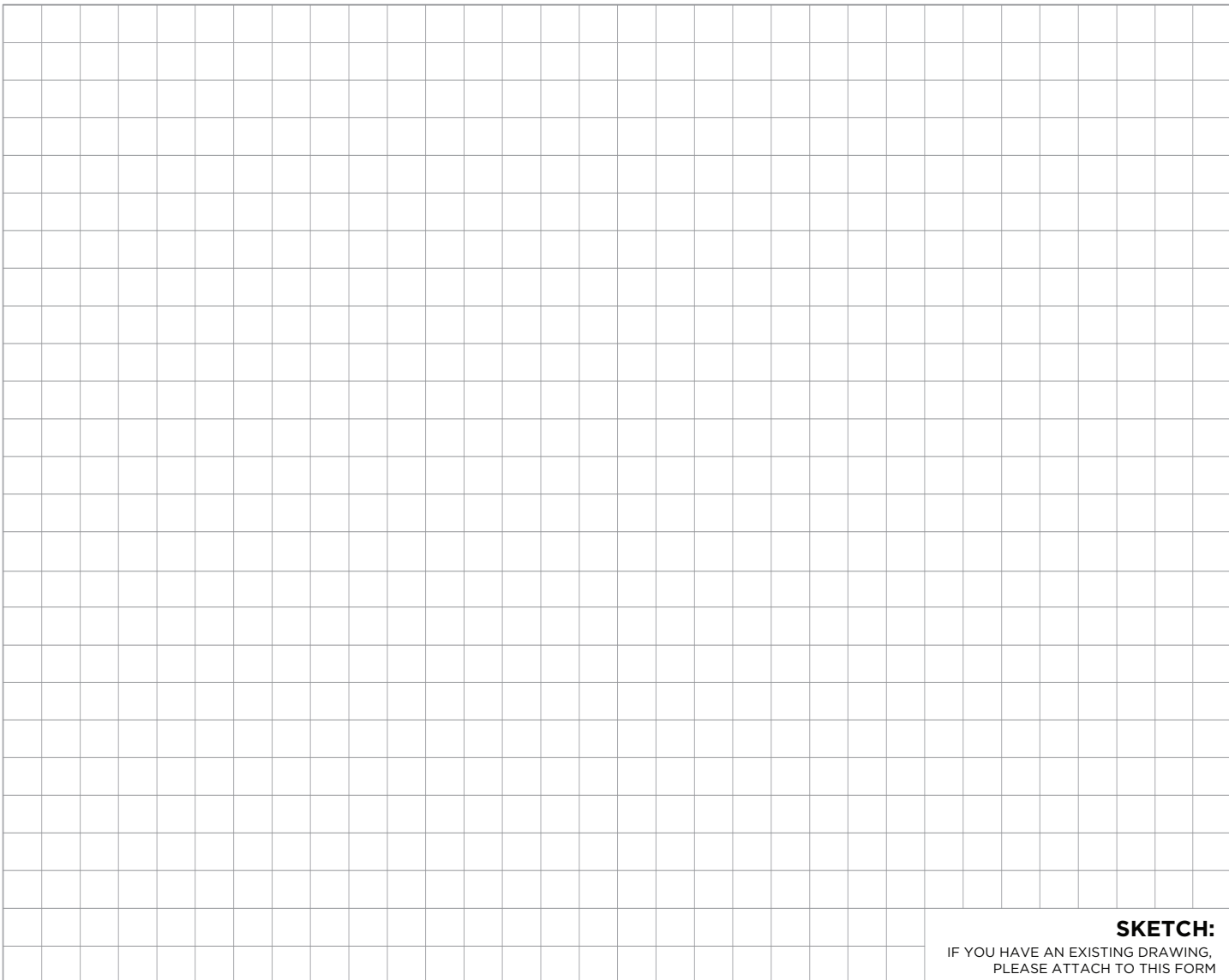
Which paper size will you be printing the deck plan on? 11 x 17 24 x 36 Other _____

SUBJECT	ANSWER	NOTES
1. Are all relevant dimensions clearly labeled on your drawing? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2. What is the total/design load for the deck? (check one or write in if other)	<input type="checkbox"/> 75 psf <input type="checkbox"/> 100 psf	<input type="checkbox"/> Other _____
3. Will the Elevations frame be attached to the structure or will it be free-standing (check one)	<input type="checkbox"/> Attached <input type="checkbox"/> Freestanding	_____
4. Will the joists be oriented at a 90° angle or parallel to the structure? (check one)	<input type="checkbox"/> 90° angle <input type="checkbox"/> Parallel	<input type="checkbox"/> Varies _____
5. Do you prefer the joist on center spacing to be:	<input type="checkbox"/> 12" <input type="checkbox"/> 16"	_____
6. At what angle will the decking be installed to joist? (check one and label sketch/drawing)	<input type="checkbox"/> 90° angle <input type="checkbox"/> 45° angle	<input type="checkbox"/> Varies _____
7. Would you like the beam dropped under the joist, allowing for a cantilever, or the beam flush with the ends of the joist? (check one)	<input type="checkbox"/> Drop <input type="checkbox"/> Flush	_____
8. If drop beam with joist cantilever , what is the desired joist cantilever length ? (please write in dimension)	_____ ' _____ "	Example: 4'-0" max
9. Would you like the beam to cantilever past your beam support post(s)? (please write in dimension and label sketch/drawing)	<input type="checkbox"/> Yes _____ ' _____ " <input type="checkbox"/> No	Single beam 32", Double 48" max
10. Should we further minimize the number of beam support posts through the doubling of beams ? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
11. Is the support post placement restricted to specific locations ? (check one and label on sketch/drawing)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
12. Will your deck have multiple levels ? (check one and label on sketch/drawing)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
13. Any breaker/feature boards to minimize "butt joints"? (check one) If "yes", please label on sketch/drawing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
14. Will there be a picture frame border ? If "yes" please label on sketch/drawing (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

IMPORTANT: Please make sure all questions are answered. If the questions are answered in an electronic CAD file please write "CAD" in the check box next to the question and attach file.

SKETCH YOUR PROJECT ON SIDE 2 OF THIS SHEET





SKETCH:
IF YOU HAVE AN EXISTING DRAWING,
PLEASE ATTACH TO THIS FORM

SUBMIT YOUR INFORMATION FROM SIDE 1 AND YOU WILL
RECEIVE AN ELEVATIONS MATERIALS LIST AND DECK
PLAN WITHIN 4 BUSINESS DAYS. SEE SAMPLES HERE.

ESTIMATED MATERIAL LIST
DRAWING # 12345

TREX ELEVATIONS
FRAMING MATERIALS

CODE#012345	12	12
CODE#012345	12	8
CODE#012345	12	8
CODE#012345	12	2

STAIR MATERIALS

CODE#012345	12	0
CODE#012345	12	0
CODE#012345	12	0
CODE#012345	12	0

ELEVATIONS BLOCKING

CODE#012345	12	0
CODE#012345	12	0

FRAMING CONNECTORS

CODE#012345	12	0
CODE#012345	12	0
CODE#012345	12	0
CODE#012345	12	0

MISC HARDWARE

CODE#012345	12	0
CODE#012345	12	0
CODE#012345	12	0
CODE#012345	12	0

PLEASE NOTE:
THIS LIST SHOULD BE USED ONLY FOR AN ESTIMATE OF THE TREX ELEVATIONS® MATERIALS (PROFILES AND NUMBER OF PIECES) REQUIRED FOR THE DECK PROJECT. YOUR FINAL MATERIAL LIST SHOULD BE BASED UPON THE FINAL PROJECT DESIGN AND PREPARED BY A LICENSED CONTRACTOR.

DECK PLAN
DRAWING # 12345

Trex Elevations®
312-555-1212

PROJECT #
PROJECT NAME
NAME-TREX
312-555-1212

REVISION: **IR**

MATERIAL LIST
(DRAWN BY) **GD/ML/LLP**
DRAWN BY: **09/11**
DATE: **12/1/11**
PAGE NO: 1 OF 2

NOTES:
THIS LIST SHOULD BE USED ONLY FOR AN ESTIMATE OF THE TREX ELEVATIONS® MATERIALS (PROFILES AND NUMBER OF PIECES) REQUIRED FOR THE DECK PROJECT. IT SHOULD NOT BE USED AS A CONSTRUCTION DRAWING FOR THE DECK SUBSTRUCTURE. YOUR ULTIMATE DESIGN SHOULD BE PREPARED BY A LICENSED CONTRACTOR, AND MUST COMPLY WITH LOCAL BUILDING CODES.

Trex Elevations®
312-555-1212

PROJECT #
PROJECT NAME
CITY, STATE, ZIP
CONTACT #

NOTES:

DECK PLAN

PAGE NO: 1 OF 2