

SOPRANATURE PRE-APPROVAL NOTIFICATION



Reference number :

To be jointly submitted with the MAMMOUTH PLATINUM WARRANTY, a minimum of four (4) weeks prior to installation start date to your local SOPREMA Office.

Section 1: Project information		
Project name:		
Roof area:	m ² : <input type="checkbox"/>	ft ² : <input type="checkbox"/> Project start date:
Section 2: Green roofing system		
Slope %:		
System type:	Conventional: <input type="checkbox"/>	Inverted: <input type="checkbox"/>
SOPRANATURE system:	Extensive: <input type="checkbox"/>	Semi- intensive: <input type="checkbox"/> Intensive: <input type="checkbox"/> Modular: <input type="checkbox"/>
SOPRANATURE component(s)	Product name	
Root barrier		
Drainage board*		
Filter cloth		
Capillary mat		
Growing medium**		
<small>* For conventional roofing systems with slope greater than 5 %, use SOPRADRAIN GEO drainage board. ** Specify a slope stabilizer when the slope is greater than 30 %.</small>		
Section 3: Contractors		
PAQ + S certified contractor		
Company:		
SOPRANATURE certified contractor		
Company:		
Address:		
City:	Province:	Postal code:
Telephone:	Fax:	
Materials supplier:		
Section 4: Approval (**to be completed by the Technical Department ONLY**)		
Approved as submitted: <input type="checkbox"/>	Non-acceptable as submitted: <input type="checkbox"/>	BD: <input type="checkbox"/>
Notes:		
Signature:		Date: