

# 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 <sup>2</sup> : <input type="checkbox"/>	ft <sup>2</sup> : <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**			
* 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 %.			
Section 3: Contractors			
PAQ + S certified installer			
Company:			
SOPRANATURE certified installer			
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: