

Request for Engineering Design Certification



Nolan Group
Your Textile Partner For Success

1. Project Originator (i.e. Fabricator, Project Manager or Specifier):

Please fill in relevant details:

Your Company or Partnership Name: _____

Mailing address: _____

Tel: _____ Fax: _____ Mob: _____

Email: _____ Contact Name: _____

2. Project Designation (These details will appear on the drawing):

Client Name: _____

Address: _____

Project Originator's Job Number: _____

3. Site Details:

a. Project Location and address (if different from client address):

b. Foundation Conditions:

i. Sand ii. Rock iii. Clay:- Soft Medium Hard

c. Depth to Rock level: _____

4. Choice of Structure:

a. Tensioned Hypar Size: 3 x 3 4 x 4 5 x 5 6 x 6

b. Framed Structure Number of Modules: _____

5. Other Information – Please provide:

a. Panoramic photographic views of the site

b. A sketch of the site:

- Showing dimensions
- True north
- Orientation of the proposed structure
- Proximity of on site or neighbouring buildings
- Position of the main access road
- Positions from which the panoramic views were taken

Please mail or fax completed form to: Nolan Warehouses, P.O Box 246, Rosebery NSW 1445
Fax: 02 9669 3266 and mark to the attention of the 'Marketing Manager'