

Structural Glazing

Project Submittal Form

Today's Date

Project

Name or Reference

Address

CityStateZip

Email

Architect

Glazing Contractor

Glazing Factory Location

Contact

Company Name

Contact Person

Address

CityStateZip

Structural Silicone

Structural Sealant(s) to be utilized on project:

2-part Structural Silicone:

1-part Structural Silicone:

Other:

System Information

SSG System Type

If other, describe:

Governing dimensions (W x H) for calculating SSG bead width
(largest piece of glass or panel to be adhesively bonded)

W:Units: H:Units:

NEGATIVE

POSITIVE

Is there sloped glazing on this project? ☐ Yes ☐ No

If yes,

☐ + slope (permanent compression load imposed into silicone)

☐ - slope (permanent tension load imposed into silicone)

Degree(s)

Weight of glass (worst case)

Units:

Spacer

Type:

Manufacturer:

ID:

Composition:

Setting Block

Manufacturer:

ID:

Composition:

Setting Block

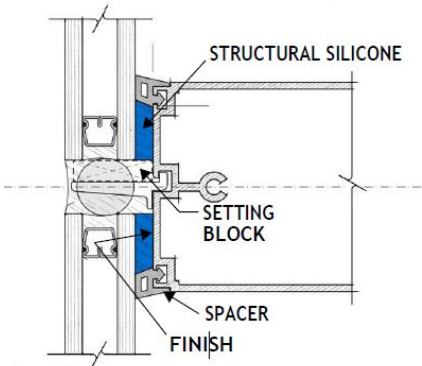
Type:

Manufacturer:

ID:

Color:

Design Pressure(s)			Comments



Please return completed form to your Momentive sales or technical representative.