

# ICD Construction Project Submittal Form

Date Sent: \_\_\_\_\_ Prints sent:  Yes  No  
Project Name: \_\_\_\_\_  
Project Location: \_\_\_\_\_ Job Size: \_\_\_\_\_  
Job Number: \_\_\_\_\_ Project is:  Exterior  Interior  
**OPACI-COAT-300®** Color Number: \_\_\_\_\_  
**OPACI-COAT-300®** Color Name: \_\_\_\_\_  
Respond to (name and address): \_\_\_\_\_ Attention: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Spandrel Glass Glass Manufacturer: \_\_\_\_\_  
Thickness: \_\_\_\_\_  
Glass Type: \_\_\_\_\_

Structural Glazing 2  Yes  No  
Sides

Insulation Manufacturer: \_\_\_\_\_  
Type: \_\_\_\_\_  
Distance to be held back: \_\_\_\_\_

Sealant Manufacturer: \_\_\_\_\_  
Type: \_\_\_\_\_

Tapes/Gaskets Mfg.: \_\_\_\_\_ Type: \_\_\_\_\_  
Setting Mfg.: \_\_\_\_\_ Type: \_\_\_\_\_

Blocks/Spacers \_\_\_\_\_  
Capture Method \_\_\_\_\_

Firestop, Wall Vapor Barrier & Other materials Please list other products in glazing system that will be exposed within the spandrel cavity, i.e. fire stop, vapor barrier materials, other adhesives, etc....  
\_\_\_\_\_  
\_\_\_\_\_

**OPACI-COAT-300®** Recommended coating thickness: \_\_\_\_\_  
Note: Some colors will require a thicker coating.

Is Fallout Protection required?  Yes  No

Special Requests \_\_\_\_\_

Please be as explicit as possible when identifying samples. For backup materials such as gaskets, spacers and tapes, identify chemical compound (silicone, epdm, neoprene, etc.), shape and supplier.

ICD USE ONLY Date received: \_\_\_\_\_ Test start date: \_\_\_\_\_  
Project Log No.: \_\_\_\_\_ Response date: \_\_\_\_\_