General Evaluation Data for Renovation Projects

This form is intended to facilitate the process of prescribing actions, products and systems that will result in optimal specifications for the renovation project. Each response is either needed for communication, general reference or (most importantly) to trigger responsive recommendations from us.

Submit data to BASF Corporation - Wall Systems Technical Department: (904) 996-6041 (fax)

Project Name:________________________________________________________________________________________________________________________________________________________

Project Location:___________________________________________________________________________________________________________________________________________________

Projected construction start date:_______________________________________________________________________________________________________________________________

Will project go out for bid or will it be negotiated?_____________________________________________________________________________________________________

Current use of building:_______________________________________________________________________________________________________________________________________________

Intended use of building after renovation: ________________________________________________________________________________________________________________

Will building be occupied/used during renovation? ____________________________________________________________________________________________________

Estimated year building was constructed: __________________________________________________________________________________________________________________

Building Dimensions: length ______________________   width ______________________    height  ______________________

(provide basic footprint on attachment)

Primary reasons for retrofit/renovations (circle one): energy savings    appearance    adaptive re-use

other

Are additions planned during this phase?   □ Yes   □ No

If yes, describe: __________________________________________________________________________________________________

Are portions of the exterior slated for demolition? □ Yes   □ No

If yes, describe: __________________________________________________________________________________________________

Are windows being replaced?   □ Yes   □ No

Is roof being replaced?   □ Yes   □ No
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Owner/Developer

Key Contact: ____________________________________________

Phone: ____________________________________________

E-Mail: ____________________________________________

Address: ____________________________________________

General Contractor

Key Contact: ____________________________________________

Phone: ____________________________________________

E-Mail: ____________________________________________

Address: ____________________________________________

EIFS/Stucco Subcontractor

Key Contact: ____________________________________________

Phone: ____________________________________________

E-Mail: ____________________________________________

Address: ____________________________________________

Building Exterior Description: (check all that apply)

☐ Glazed Brick       ☐ Unglazed Brick     ☐ Painted/Coated     ☐ Unpainted/Uncoated
☐ Tilt-up concrete   ☐ Pre-cast concrete   ☐ Bond breaker on some or all surfaces
☐ Spalled Brick      ☐ Some bricks missing/popped out ☐ Unit Masonry       ☐ Poured-in-place concrete
☐ Pitted Surface     Depth of pitting: __________________________

Mortar condition

☐ Good (few cracks, none missing)   ☐ Fair (some cracking)   ☐ Poor (widespread or severe cracking)

Joints condition

☐ Good   ☐ Fair   ☐ Poor

Surface Condition

☐ Recently cleaned      ☐ Dirty from general use   ☐ Streaks from run off   ☐ Stain from splashes around base
☐ Heavy dirt build-up in some locations ☐ Extensive dirt over most or all of building
Efflorescence

☐ Extensive (more than one portion of any elevation)  ☐ Localized  ☐ Minimal  ☐ None

Likely source: _____________________________________________________________

Algae/Mold

☐ Extensive (more than one portion of any elevation)  ☐ Localized  ☐ Minimal  ☐ None

Field adhesion test results (if performed):

__________________________________________________________________________

__________________________________________________________________________

Pull out test results (if performed):

__________________________________________________________________________

__________________________________________________________________________

Please attach photographs of this project that will help in the development of a tailored solution.

Suggested submittals include:
• wall sections close ups,
• shots that reveal 100 square foot areas,
• entire elevations,
• typical surface conditions,
• the placement of the building in relation to neighboring buildings,
• renderings of planned appearance,
• window conditions,
• etc.

Will the building be air conditioned?  ☐ Yes  ☐ No

What is the make-up of the wall from inside to outside? (Take core sample if needed):

__________________________________________________________________________

__________________________________________________________________________

What is the target R value?

__________________________________________________________________________
Water vapor transmission analysis results:

____________________________________________________________________________________________________
____________________________________________________________________________________________________

Dew point analyses; Winter:

____________________________________________________________________________________________________
____________________________________________________________________________________________________

Summer:

____________________________________________________________________________________________________
____________________________________________________________________________________________________

Additional comments:

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________