



## Substitution Request Form

Specified Item: \_\_\_\_\_

Specification Section: **Masonry Accessories**

Proposed Substitution: **York 304 Self Adhering Stainless Steel**

Performance Characteristics		
	Rubberized Asphalt	York 304 Self Adhering Stainless Steel
<b>Base Material</b>	<b>Petroleum</b>	<b>Stainless Steel</b>
<b>Puncture (ASTM E154)</b>	<b>80 psi</b>	<b>2,500+ psi</b>
<b>Tensile Strength (ASTM D412)</b>	<b>1,200 psi</b>	<b>100,000 psi</b>
<b>UV Exposure (days)</b>	<b>30</b>	<b>Unlimited</b>
<b>Recycled Material</b>	<b>1%</b>	<b>60%</b>
<b>Application Temperature</b>	<b>40°F to 120°F</b>	<b>20° F to 170° F</b>

Technical data sheet includes product description, specifications, performance and test data adequate for evaluation of the request. If not present, is available at [www.yorkmfg.com](http://www.yorkmfg.com) or 1-800-551-2828

The undersigned certifies that the following paragraphs, unless modified by attachments, are correct:

1. The proposed substitution does not affect dimensions shown on drawings.
2. The proposed substitution will have no adverse effect on the other trades, the construction schedule, or specified warranty requirements.
3. Local support and availability will be available for proposed substitution.
4. Mock-up wall materials available upon request.

The undersigned further states that the function and quality of the proposed product substitution is equivalent or superior to the specified item.

Submitted by: \_\_\_\_\_  
 Firm: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Corporate Officer: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

A & E Review  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Accepted \_\_\_\_\_  
 Not Accepted \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Accepted as noted \_\_\_\_\_  
 Remarks: