

# Ludy Greenhouse Manufacturing Corporation

box 141  
new madison, ohio  
45346  
phone: 800.255.5839  
fax: 937.996.8031

## Gutter Connected Quick Quote

SL Series			R/S II			Patriot II			Ez-Up Peak			Ez-Up Hoop			Ez-Up Sawtooth			Ez-Up Direct			LudyLite		
Qty	W	L	Qty	W	L	Qty	W	L	Qty	W	L	Qty	W	L	Qty	W	L	Qty	W	L	Qty	W	L
	18'			20'-6"			20'-6"			20'-6"			20'-6"			30'			24'			20'-6"	
	25'			25'			22'			25'			22'						36'				
	32'			30'			30'			30'			30'										
	38'			35'-6"			36'			35'-6"			36'										
	42'			41'-6"						41'-6"													
	50'																						

NOTES: 1. Standard 10' or 12' Bay Spacing 2. Min Length is 36' on all Structures

### SIDEWALL OPTIONS

- 8 Ft.
- 10 Ft.
- 12 Ft.
- Other: \_\_\_\_\_

### DOOR: (indicate location on back)

- 3' 6" Single Swinging Door
- 3' 0" Double Swinging Door (6' Opening)
- 4' 0" Sliding Door
- Overhead Door Size: \_\_\_\_\_

### VENTILATION: auto manual

- Single Roof Vent
- Double Roof Vent   **apparatus**
- Sidewall Vent    inside outside
- Gable Vent
- Motor. Shutters  gable  side

### GLAZING OPTIONS:

	ROOF	SIDES	SIDE PART.	GABLE	GABLE PART.
Double Layer 6 Mil Polyethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8mm Polycarbonate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16mm Polycarbonate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrugated Polycarbonate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8mm Acrylic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16mm Acrylic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therma-wall (knee wall) <input type="checkbox"/> 2 1/2 ft <input type="checkbox"/> 3 1/2 ft		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### SHADE SYSTEM

- Truss to Truss  Flat  Roof Line
- Gutter To Gutter \_\_\_\_\_ % Shade

### ENVIRONMENTAL CONTROLS

- Thermostats
- Automatic Climate Controls
- Computer Controlled

### HEATING: (indicate location on back)

- Heating to hold \_\_\_\_\_° inside temperature
- when its \_\_\_\_\_° outside the greenhouse
- Overhead Unit Heaters  Oil
- Fin Tube (Perimeter)  Natural Gas
- Fin Tube (Under Bench)  Propane
- Bench top Heating  Steam
- Other: \_\_\_\_\_  Hot Water

### COOLING: (indicate location on back)

- Exhaust Fans  Fan Jet System
- Pad Systems  Circulating HAF Fan

### BENCHES: (indicate location on back)

- Expanded Metal Tops/Stationary
- Expanded Metal Tops/Rolling
- Retail Fold-up Series
- Ebb and flow style

### PROJECT REQUIREMENTS:

- Installation by Owner  New Construction
- Installation by Ludy  Renovation/Repair

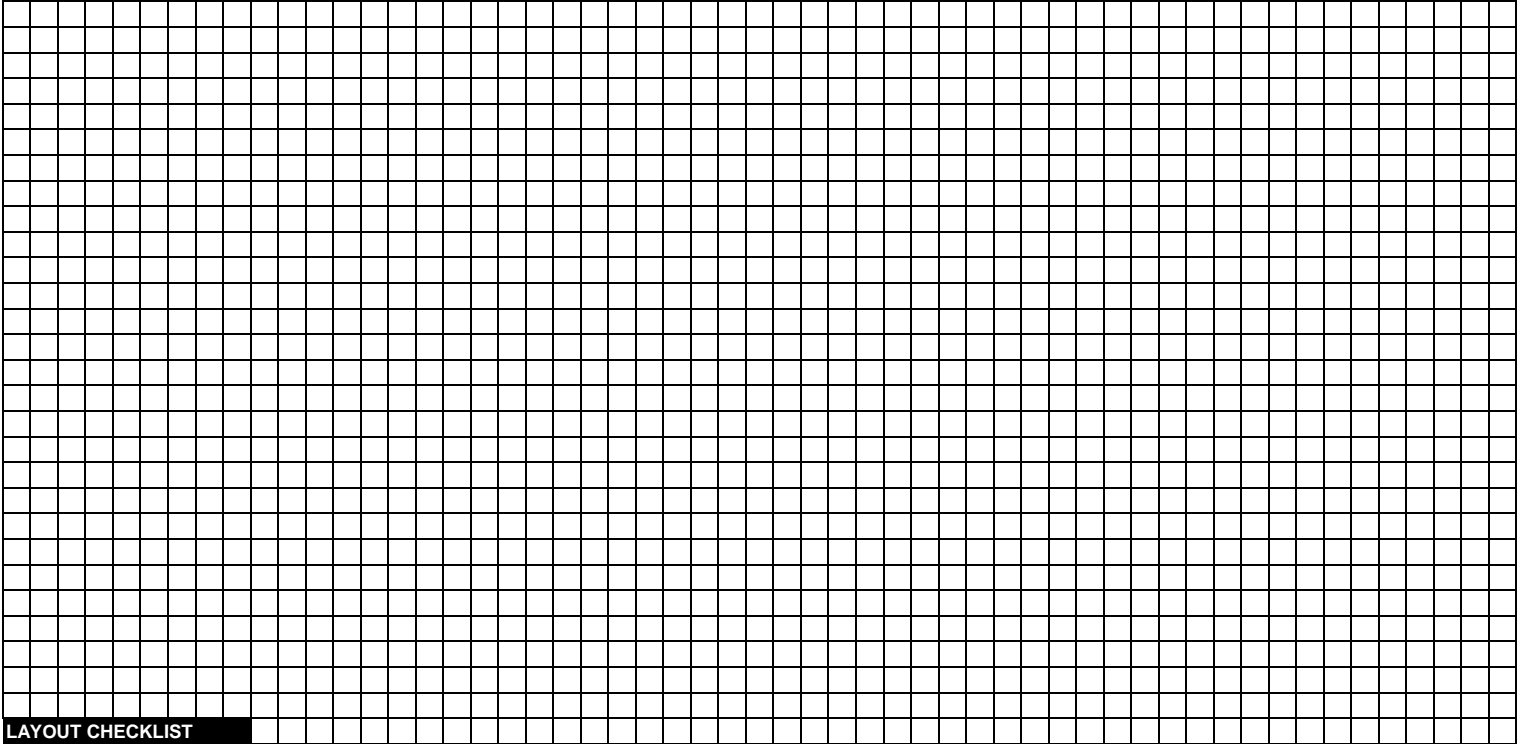
Note: Make sure all equipment is located on back sketch

### CUSTOMER INFORMATION

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  Please call me ASAP  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Additional Comments or Requests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Sketch Your Greenhouse Layout Below:



**LAYOUT CHECKLIST**

- Show length and width dimensions     North Direction     Partition Walls     Equipment Layout    **Power Supply**     115/230/1     115/230/3  
 Any connecting buildings ?     Door Locations     Bench Layout     Walkways    Building permits needed ?     Yes     No

Fold Line

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail it or Fax it to 937.996.8031

place stamp  
here

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