



ISOMETRIC VIEW

QUANTITY
_____ Units

If your specification exceed these limits, please contact manufacturer for sizes beyond these limits.

SIZES
F = _____ (2" TYP)
H = _____
L = _____
W = _____

<u>MATERIAL</u>	<u>THICKNESS</u>	<u>ACCESSORY TYPE</u>	<u>FINISH</u>
<input type="checkbox"/> Aluminum	<input type="checkbox"/> 0.050	<input type="checkbox"/> Welded	<input type="checkbox"/> Mill Finish
<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> 0.063		<input type="checkbox"/> Post Finished Kynar
<input type="checkbox"/> _____	<input type="checkbox"/> 0.080		<input type="checkbox"/> Post Finished Anodize
			<input type="checkbox"/> _____

COLOR _____

APPROVALS

CUSTOMER APPROVAL

Approved for Fabrication
 Approved with Changes
 Disapproved, Resubmit

Authorized Customer Signature

Title Date

Job Name:	Customer:	By:
Job #:	Representative:	Date:
Location:	Architect:	Sheet of