



SKYLIGHT SCHEDULE

UNIT	QTY.	TYPE	SLOPE	O.D. CURB DIM. (W X H)	M.D. DIMENSION (W X H)	# LITES	GLAZING:
							FINISH:
							COLOR:
							INSTALLATION:
							FIELD GLAZED <input type="checkbox"/> SHOP GLAZED <input type="checkbox"/>



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JOB No.
DRAWN BY:
DATE:

PROJECT NAME:
CONTRACTOR:
PHONE:

SHEET No.
of
DRAWING No.