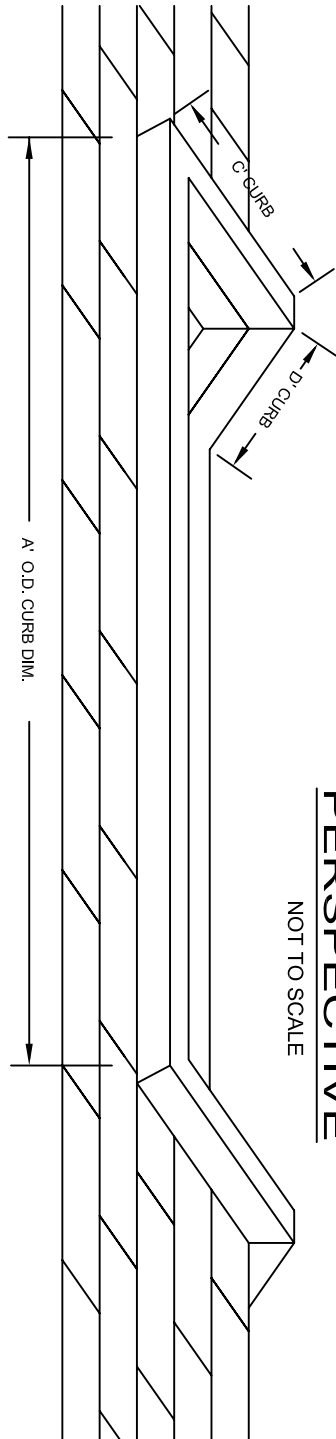
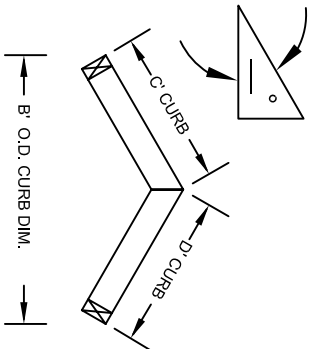


**PERSPECTIVE**  
NOT TO SCALE

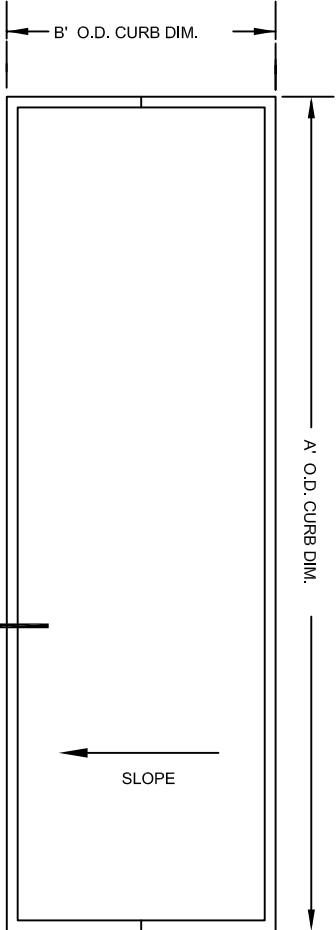


QUANTITY	_____
A' DIM	_____
B' DIM	_____
C' DIM	_____
D' DIM	_____
PITCH	_____



**ELEVATION**  
NOT TO SCALE

**RIDGE SKYLIGHT/PERPENDICULAR CURB**



**PLAN**  
NOT TO SCALE

**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"/>



1055 TERMINAL WAY  
SAN CARLOS, CA 94070  
PHONE: (650) 637-1440  
FAX: (650) 637-9770

JOB No. _____	PROJECT NAME: _____	SHEET No. _____
DRAWN BY: _____	CONTRACTOR: _____	of _____
DATE: _____	PHONE: _____	REVISED DATE: _____