



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


 1055 TERMINAL WAY
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JOB No.:	PROJECT NAME:	SHEET No.:
DRAWN BY:	CONTRACTOR:	of
DATE:	PHONE:	REVISED DATE: