

SHT GLAZING SCHEDULE							
STYPE	LIGHT TRANS	U-VALUE	SHGC	# LITES	GLASS MAKE-UP		
	FINISH:						
	COLOR:						
		INSTALLATION:					
					FIELD GLAZED SHOP GLAZED		
JOB No.	PROJECT NAME:					SHEET No.	
DRAWN BY:					of		
	CONTRACTOR:					REVISED DATE:	
DATE:						$\underline{\Lambda}$	
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