


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


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