



SKYLIGHT SCHEDULE							
UNIT	QTY.	TYPE	SLOPE	O.D. CURB DIM. (W X H)	GLASS TYPE	# LITES	GLAZING:
A	1	DOUBLE HIP					FINISH: COLOR: INSTALLATION: OTHER FIELD GLAZED <input checked="" type="checkbox"/> SHOP GLAZED <input type="checkbox"/>

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JOB No. PROJECT NAME: SHEET No. 1 of 1
 DRAWN BY: CONTRACTOR: PHONE: - REVISED DATE:
 DATE: