



821 BROCK RD. UNIT 1
 PICKERING, ONT
 L1W 3L6
 TEL:(905)837-1115
 FAX:(905)837-7588

SOLD TO:

WALL PATTERN: _____

TAG NAME: _____

FLOOR PATTERN: _____

DATE: _____

MIL: _____

P.D: _____

MUST PROVIDE PERIMETER

SAFETY LEDGE
 IF LEDGE VARIES PLEASE INDICATE
 NO YES
 RIGHT LEDGE _____ IN. LEFT LEDGE _____
 END LEDGE _____ IN.

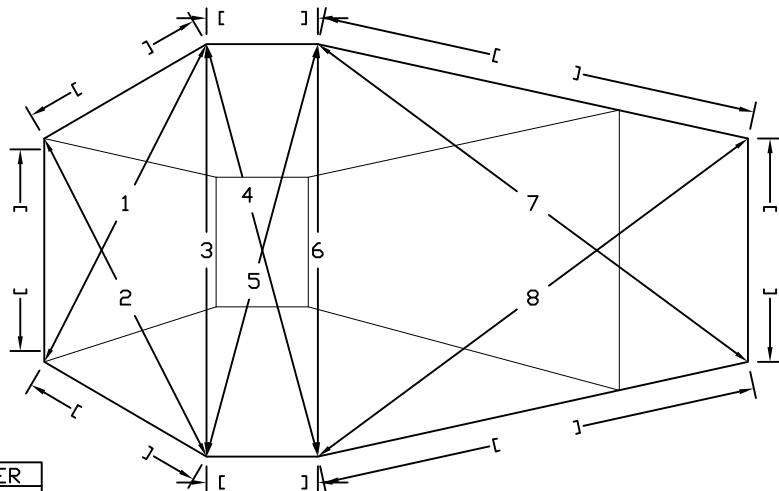
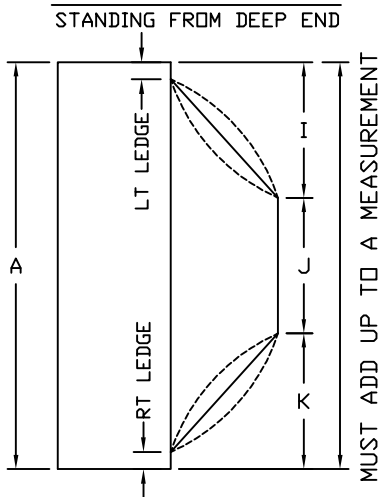
CHECK OFF BEAD TYPE
 STANDARD
 OTHER _____
 NO BEAD IN. OVERLAP

CHECK OFF SLOPE TYPE
 STANDARD
 CONVEX
 CONCAVE

TOTAL: _____

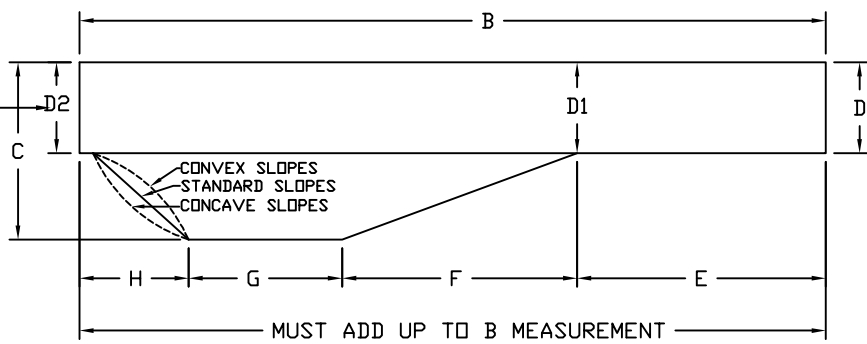
KITE

END PROFILE

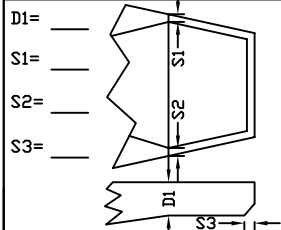


HOPPER
 GRECIAN
 SQUARE

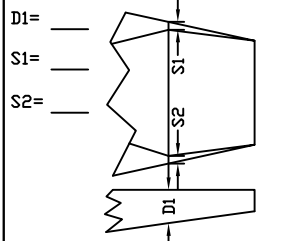
SIDE PROFILE



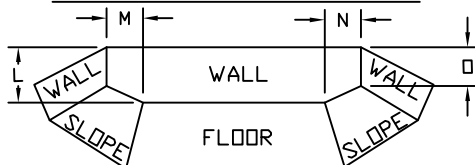
SHALLOW END PROFILE COVE PROFILE



DEEPER BREAK-OFF



ALTERNATE S.E WALL CONFIGURATION

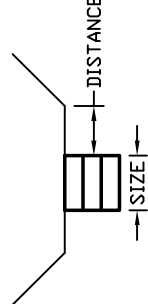


ATTENTION
 INDICATE WHERE THE STEP IS LOCATED.
 PROVIDE THE SIZE OF STEP AND A
 MEASUREMENT FROM THE CLOSEST PANEL
 JOINT, AS SHOWN IN THE EXAMPLE.

SIZE OF STEP

DISTANCE

JUST AN EXAMPLE!
 IF STEP IS RADIUS
 PLEASE INDICATE



MEASUREMENTS

A
B
C
D
D1
D2
E
F
G
H
I
J
K
L
M
N
O
1
2
3
4
5
6
7
8