



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.O: _____

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

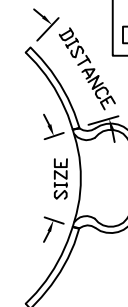
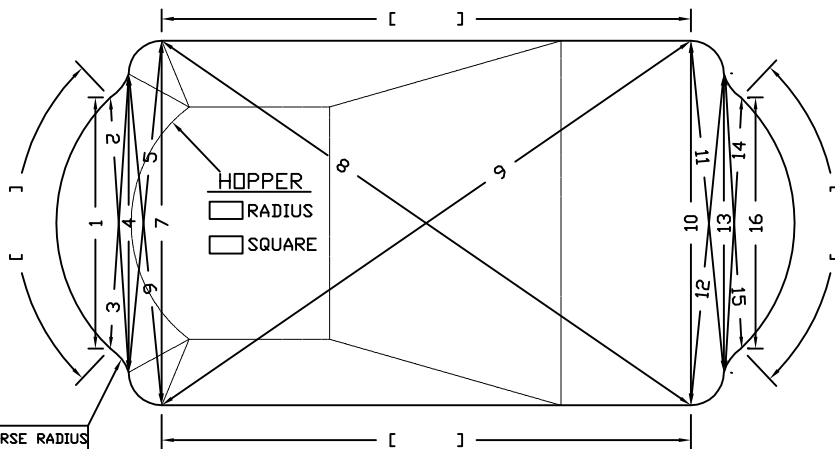
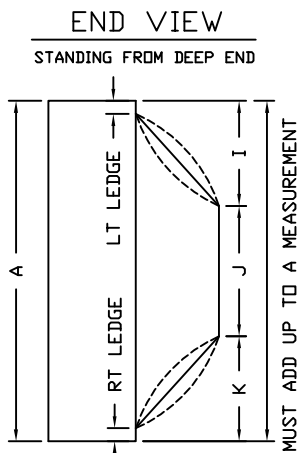
TOTAL: _____

ROMAN(RAD. REV)

TOP VIEW

MEASUREMENTS

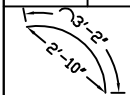
A	
B	
C	
D	
D2	
E	
F	
G	
H	
I	
J	
K	
1	
2	
3	
4	
5	
6	
7	
9	
11	
12	
13	
14	
15	
16	



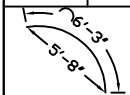
STEP
 CURVED
 STRAIGHT

INDICATE CORNER TYPE

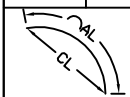
2' CORNER



4' CORNER

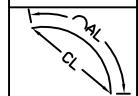


OTHER



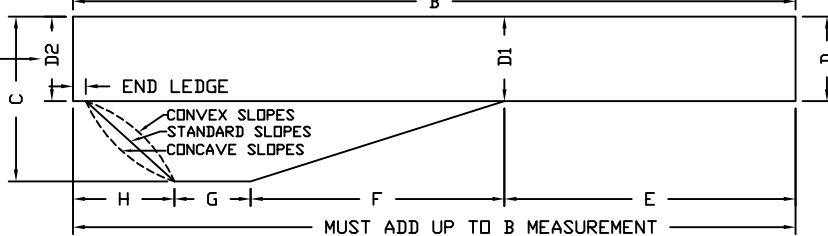
AL: _____
 CL: _____

REVERSE RADIUS



AL: _____
 CL: _____

IF DEEP END WALL IS DIFFERENT THAN SHALLOW END WALL



ATTENTION

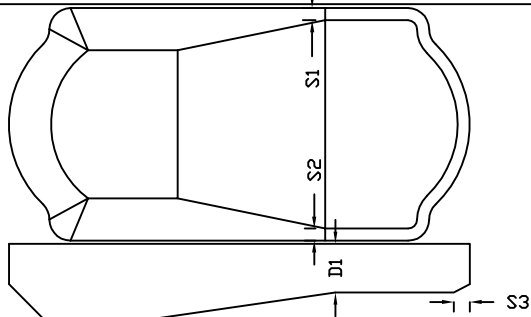
INDICATE WHERE THE STEP IS LOCATED. PROVIDE THE SIZE OF STEP AND A MEASUREMENT FROM THE CLOSEST PANEL JOINT, AS SHOWN IN THE EXAMPLE.

SIZE OF STEP

DISTANCE

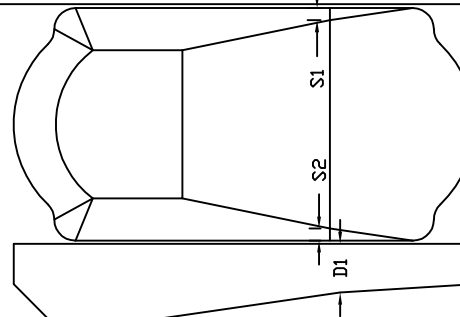
COVE PROFILE

D1= _____
 S1= _____
 S2= _____
 S3= _____



DEEPER BREAK PROFILE

D1= _____
 S1= _____
 S2= _____



DESIGNER: NOEL MANLAPAZ