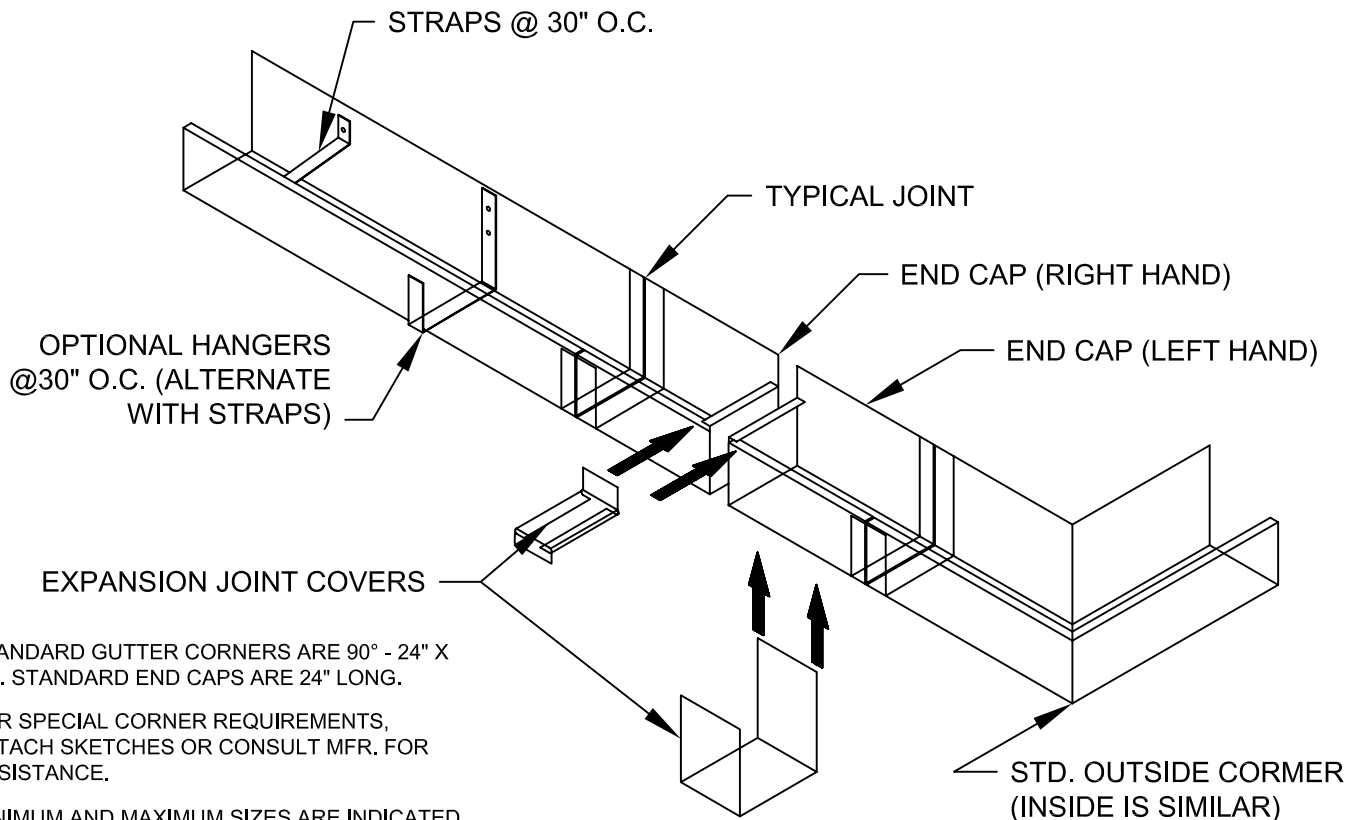


DETAIL:	ARCHITECTURAL REF:	DESCRIPTION:		
QUANTITY, THIS DETAIL _____ TOTAL LF _____ OUTSIDE CORNERS _____ INSIDE CORNERS _____ SPECIAL CORNERS (attach sketches) _____ END CAP - L _____ END CAP - R _____ EXPANSION JOINTS (INCLUDES 1 RH & 1 LH END CAP) _____ RADIUS LF (60" PCS) _____ RADIUS CORNERS (attach sketches)		MATERIAL <input type="checkbox"/> ALUMINUM <input type="checkbox"/> GALVANIZED <input type="checkbox"/> STAINLESS STEEL <input type="checkbox"/> _____	CORNER TYPE <input type="checkbox"/> WELDED CORNER	FINISH <input type="checkbox"/> MILL FINISH <input type="checkbox"/> PREFINISHED KYNAR <input type="checkbox"/> POST FINISHED KYNAR <input type="checkbox"/> PREFINISHED ANODIZE <input type="checkbox"/> POST FINISHED ANODIZE <input type="checkbox"/> _____
		THICKNESS <input type="checkbox"/> .040 <input type="checkbox"/> .050 <input type="checkbox"/> .063 <input type="checkbox"/> .080 <input type="checkbox"/> 24 GA <input type="checkbox"/> _____	* OPTIONAL HANGERS <input type="checkbox"/> NO <input type="checkbox"/> YES * IF THIS IS NOT MARKED WE WILL ASSUME NO HANGERS	.063 PREFINISHED KYNAR IS ONLY AVAILABLE IN 7 STD. COLORS. COLOR _____
Transmittal <input type="checkbox"/> REQUEST FOR QUOTATION <input type="checkbox"/> SUBMIT FOR APPROVAL <input type="checkbox"/> REQUEST FOR INFORMATION <input type="checkbox"/> CONFIRMING TELECONFERENCE <input type="checkbox"/> FOR YOUR FILES By _____ Date _____		Customer Approval <input type="checkbox"/> APPROVED FOR FABRICATION <input type="checkbox"/> APPROVED AS NOTED <input type="checkbox"/> AMEND & RESUBMIT _____ Authorized Customer Signature _____ Title _____ Date _____		
Job Name		Job #		
Location		Sheet of		
Customer		By		
Representative		Date		
Architect				

FlintEdge Box Gutter

	FACE	BOTTOM	BACK
	in.	in.	in.
MINIMUM	4	4	4
STANDARD	-	-	-
MAXIMUM	12	14	16

**PLEASE NOTE:
BOTTOM DIMENSION MUST BE \geq THE FACE DIMENSION
AND THE BACK DIMENSION MUST BE LARGER THAN
THE FACE BY 1" MIN.**



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EDGE METAL SYSTEMS

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