

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)	MATERIAL <input type="checkbox"/> ALUMINUM <input type="checkbox"/> GALVANIZED <input type="checkbox"/> STAINLESS STEEL <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"/> _____	CORNER TYPE <input type="checkbox"/> WELDED CORNER * OPTIONAL HANGERS <input type="checkbox"/> NO <input type="checkbox"/> YES * IF THIS IS NOT MARKED WE WILL ASSUME NO HANGERS COLOR _____ 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"/> _____ .063 PREFINISHED KYNAR IS ONLY AVAILABLE IN 7 STD. COLORS.

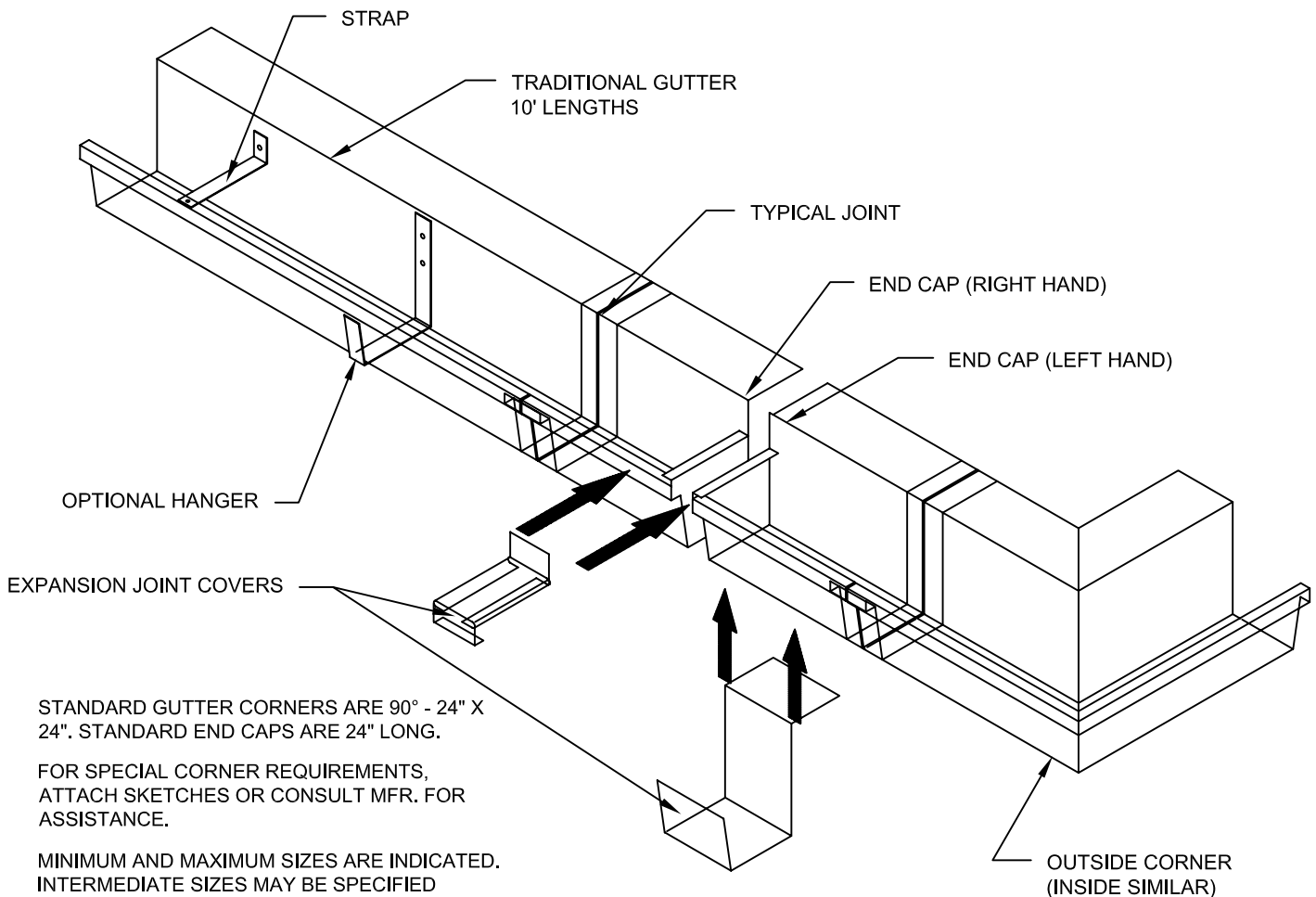
Transmittal <input type="checkbox"/> REQUEST FOR QUOTATION <input type="checkbox"/> SUBMIT FOR APPROVAL <input type="checkbox"/> REQUEST FOR INFORMATION <input type="checkbox"/> CONFIRMING TELECONFERENCE <input type="checkbox"/> FOR YOUR FILES By _____ Date _____	Customer Approval <input type="checkbox"/> APPROVED FOR FABRICATION <input type="checkbox"/> APPROVED AS NOTED <input type="checkbox"/> AMEND & RESUBMIT _____ Authorized Customer Signature _____ Title _____ Date _____
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Job Name	Job #
Location	Sheet of
Customer	By
Representative	Date
Architect	

FlintEdge Traditional Gutter w/ Roof Flange

	FACE	BOTTOM	BACK	ROOF FLANGE
	in.	in.	in.	in.
MINIMUM	4	4	4	1
STANDARD	-	-	-	4
MAXIMUM	12	14	16	6

**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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