

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	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. COLOR _____

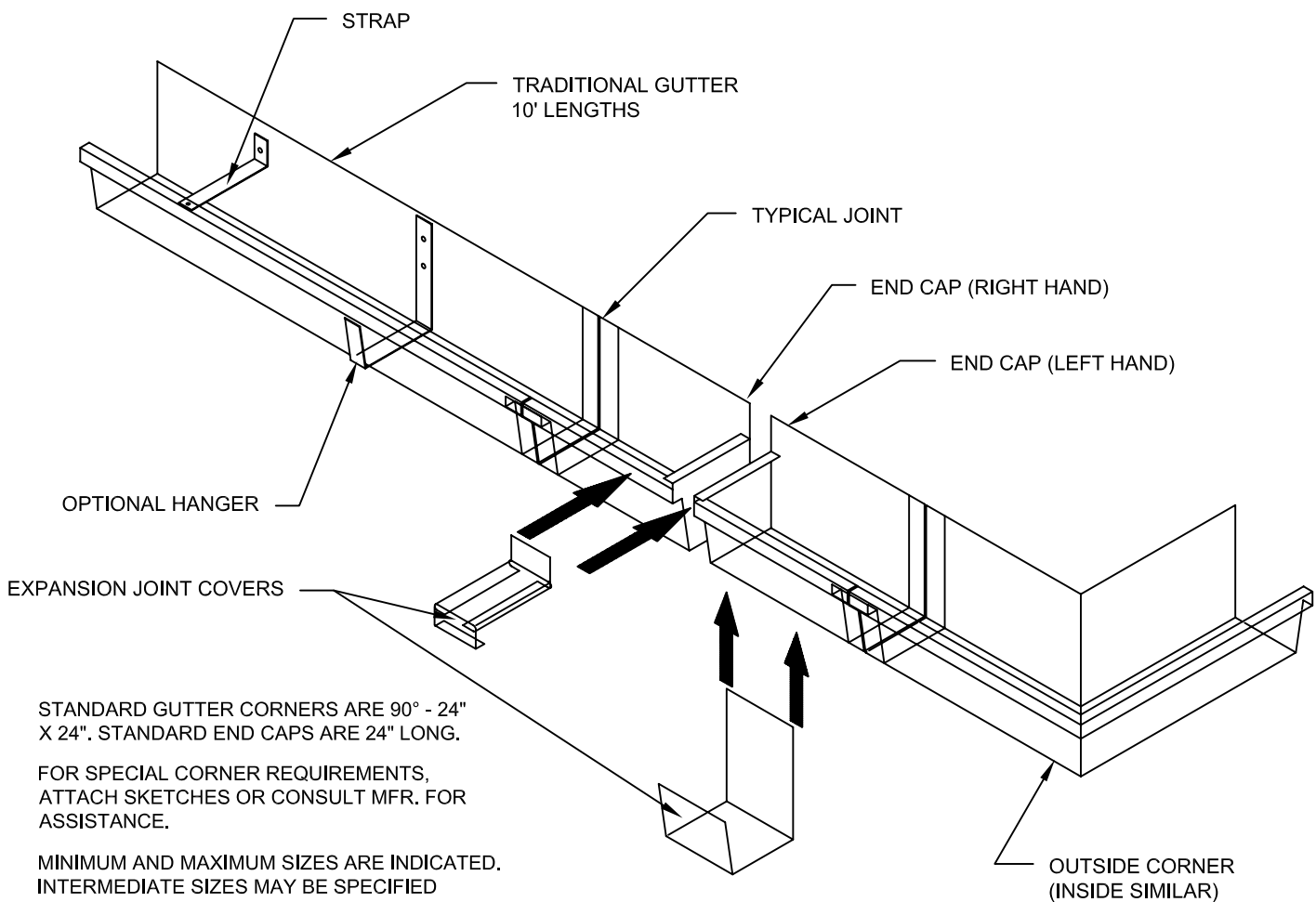
Transmittal <input type="checkbox"/> REQUEST FOR QUOTATION <input type="checkbox"/> SUBMIT FOR APPROVAL <input type="checkbox"/> REQUEST FOR INFORMATION <input type="checkbox"/> CONFIRMING TELECONFERENCE <input type="checkbox"/> FOR YOUR FILES By _____ Date _____	Customer Approval <input type="checkbox"/>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

FlintEdge Traditional 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.**



STANDARD GUTTER CORNERS ARE 90° - 24" X 24". STANDARD END CAPS ARE 24" LONG.

FOR SPECIAL CORNER REQUIREMENTS, ATTACH SKETCHES OR CONSULT MFR. FOR ASSISTANCE.

MINIMUM AND MAXIMUM SIZES ARE INDICATED. INTERMEDIATE SIZES MAY BE SPECIFIED WITHIN THESE RANGES. CONSULT MFR. FOR REQUIREMENTS NOT WITHIN THESE RANGES.

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