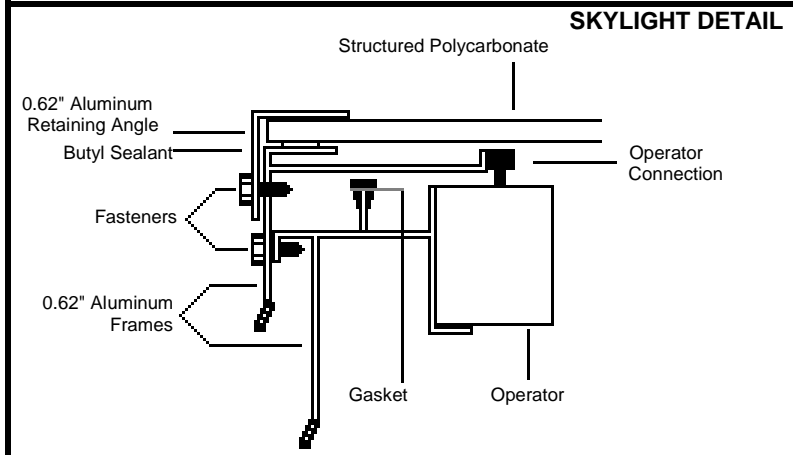


CURB MOUNT OPERABLE

 Lubbock Skylight Mfg

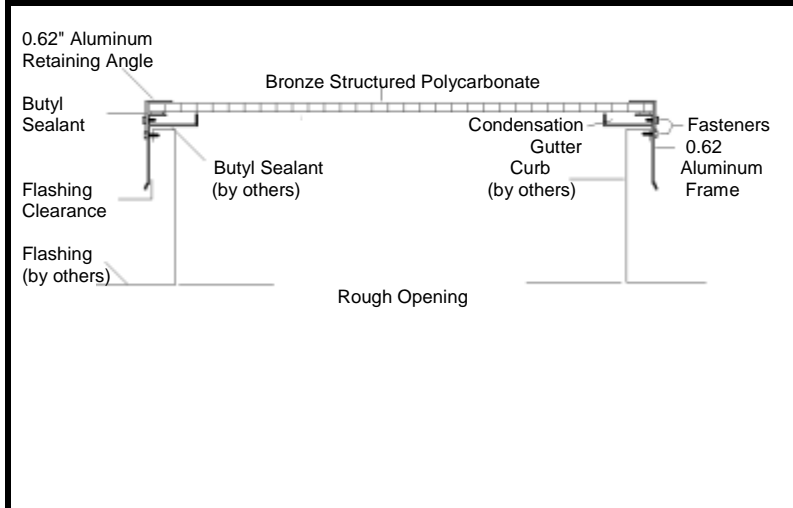
701 N Interstate 27
Lubbock, TX 79403
806.744.2300
800.390.2301
Fax:: 806.749.2393

www.lubbockskylight.com



CURB MOUNT SKYLIGHT SPECIFICATIONS

Curb Mount Skylights as manufactured by Lubbock Skylight Manufacturing [(800) 390-2301]. Each skylight shall be factory assembled with 2447 white acrylic over clear acrylic or 2412 bronze acrylic over clear acrylic. Picture is of structured polycarbonate option. Frames shall be .062" extruded aluminum (6063-T5) with welded corners and an integral condensation gutter. Finish shall be mill or bronze on request. Screen is included. Skylight is designed and manufactured to meet or exceed standard of 40 psf live load and 20psf (uplift).



DOME OPTIONS

MATERIAL	PLACEMENT	ACRYLIC	POLY	CD	FALL PROT
	OUTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	INNER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLOR	PLACEMENT	WHITE	BRONZE	CLEAR	OTHER (PLEASE SPECIFY)
	OUTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	INNER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SHAPE	PLACEMENT	DOMED	PYRAMID	FLAT STRUCTURED	
	OUTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	INNER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	THIRD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

FRAME OPTIONS

FINISH	<input type="checkbox"/> MILL	<input type="checkbox"/> BRONZE	<input type="checkbox"/> OTHER _____
SHAPE	<input type="checkbox"/> SQUARE	<input type="checkbox"/> RECTANGLE	<input type="checkbox"/> PENTAGON
	<input type="checkbox"/> TRIANGLE	<input type="checkbox"/> HEXAGON	<input type="checkbox"/> OCTAGON

MEASUREMENTS

QTY	CURB HEIGHT	ROUGH OPENING

PROJECT INFORMATION

PROJECT NAME
PROJECT ADDRESS
CITY/STATE/ZIP
DELIVERY ADDRESS
CITY/STATE/ZIP
PURCHASE ORDER / JOB #
CONTACT NAME
CONTACT NUMBER

CONTACT INFORMATION

REQUESTED BY
COMPANY
ADDRESS
CITY/STATE/ZIP
DATE
APPROVAL SIGNATURE

LEAD TIME REQUEST

DELIVERY DATE:	INSTALLATION DATE:
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