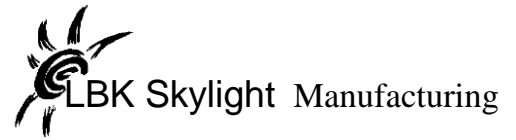
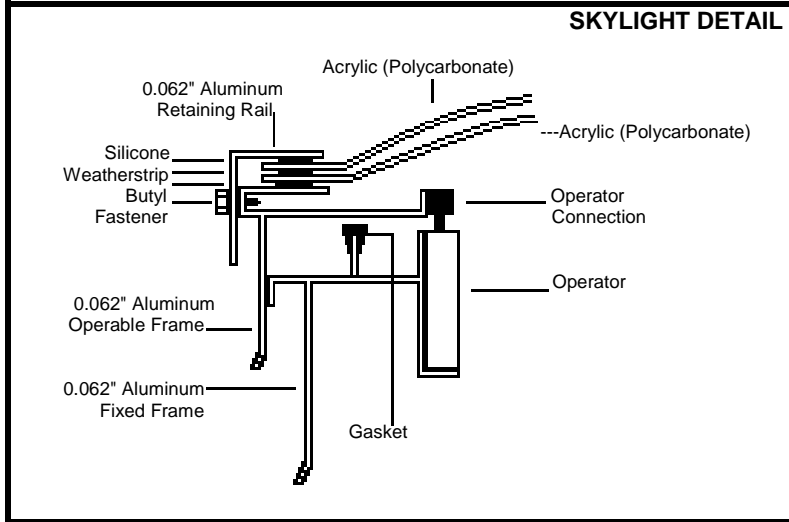


**CURB MOUNT DOUBLE DOMED OPERABLE**



800.390.2301

www.LBKSkylight.com



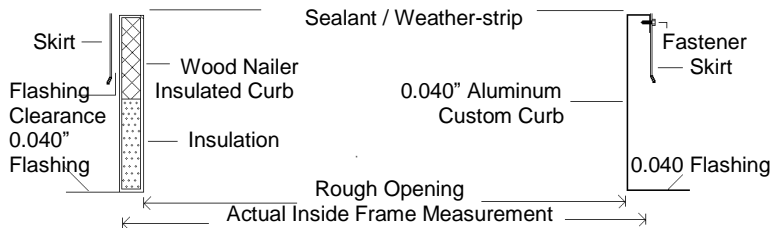
**SPECIFICATIONS:** Curb Mount Double Domed Operable Skylights as manufactured by LBK Skylight Manufacturing [(800) 390-2301]. Each skylight shall be factory assembled with one of the following glazing options: Acrylic—0.118" over 0.118" (standard duty), 0.187" over 0.118" (commercial duty) or 0.177" 100%DR Impact Modified Acrylic over 0.177" acrylic (fall protection). Standard polycarbonate to be 0.118" over 0.118" whether it is polycarbonate over acrylic or polycarbonate over polycarbonate. Acrylic and standard polycarbonate available in standard dome color configurations (2412 bronze over clear acrylic, 2447 white over clear or custom colors. Structured polycarbonate available in thicknesses from 10mm to 32mm and colors of white (opal), bronze or clear. Frames shall be 0.062" extruded aluminum (6063-T5) with welded corners and an integral condensation gutter. Finish shall be natural aluminum (mill), bronze or custom colors. Skylight is designed and manufactured to meet or exceed standard of 40 psf live load and 20psf (uplift). ALL UNITS ARE GUARANTEED AGAINST DEFECTIVE WORKMANSHIP AND MATERIAL.

**ALL OPERABLE SKYLIGHTS ARE LIMITED BY SIZE**

**DOMES OPTIONS**

MATERIAL		ACRYLIC			POLYCARBONATE	
TYPE	PLACEMENT	STANDARD	COMMERCIAL DUTY	FALL PROTECTION	STANDARD	STRUCTURED
	OUTER					
	INNER					
	THIRD					
COLOR	PLACEMENT	WHITE	BRONZE	CLEAR	OTHER (PLEASE SPECIFY)	
	OUTER					
	INNER					
	THIRD					
SHAPE	PLACEMENT	DOMED		PYRAMID	FLAT STRUCTURED	
	OUTER					
	INNER					
	THIRD					

**CURB OPTIONS (DETAILS AVAILABLE ON REQUEST)**



**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	ACTUAL INSIDE FRAME MEASUREMENT

**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**

CMOP\_LSM 020618