

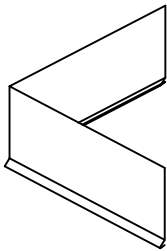
# ARCHITECTURAL PRODUCTS COMPANY

1290 AVIATION BLVD. SUITE 200  
 P.O. BOX 630  
 HEBRON, KY 41048  
**KY (859) 689-2210 OUT STATE (800) 837-1001**  
**FAX (859) 689-2215**

## FASCIA EXTENDER

### QUANTITY

- \_\_\_ FT. TOTAL PERIMETER
- \_\_\_ PCS STOCK @ 10'0"
- \_\_\_ PCS STD. O.S. CORNER
- \_\_\_ PCS STD. I.S. CORNER
- \_\_\_ PCS SPEC. CORNER  
(ATTACH SKETCHES)



WELDED CORNERS

FORMED FASCIA EXTENDER

8" CONCEALED JOINT COVER PLATE

SPECIFY EXPOSED FACE

OVERALL DIMENSION

CONT. HOLD-DOWN CLIP

## FASCIA EXTENDER

DETAIL _____	ARCH'L REF. _____	DESCRIPTION _____	
EXPOSED FACE DIM. _____	OVERALL DIM. _____	GAUGE <input type="checkbox"/> .050" (1.27MM) <input type="checkbox"/> .063" (1.60MM) <input type="checkbox"/> .080" (2.03MM) <input type="checkbox"/> 24 GA. <input type="checkbox"/> 22 GA. <input type="checkbox"/> _____	MATERIAL <input type="checkbox"/> ALUMINUM <input type="checkbox"/> GALV STEEL <input type="checkbox"/> STAINLESS STEEL <input type="checkbox"/> _____  COLOR _____
		FINISH <input type="checkbox"/> MILL FINISH <input type="checkbox"/> KYNAR 500 <input type="checkbox"/> CLEAR ANODIZED <input type="checkbox"/> BRONZE ANODIZED <input type="checkbox"/> BLACK ANODIZED <input type="checkbox"/> _____	
<b>TRANSMITTAL</b> <input type="checkbox"/> REQUEST FOR QUOTATION <input type="checkbox"/> REQUEST FOR INFORMATION <input type="checkbox"/> SUBMIT AS QUOTATION <input type="checkbox"/> CONFIRMING TELCON <input type="checkbox"/> SUBMIT FOR APPROVAL <input type="checkbox"/> FOR YOUR FILES  BY _____                      DATE _____		<b>CUSTOMER APPROVAL</b> <input type="checkbox"/> APPROVED FOR FABRICATION <input type="checkbox"/> APPROVED WITH CHANGES    _____ <input type="checkbox"/> DISAPPROVED, RESUBMIT        AUTHORIZED CUSTOMER SIGNATURE  _____ TITLE                                      DATE	
JOB NAME		JOB #	
LOCATION		SHEET      OF	
CUSTOMER		BY	
REPRESENTATIVE		DATE	
ARCHITECT			