



PLAN VIEW IS FOR ILLUSTRATION ONLY AND DOES NOT DEPICT ACTUAL JOB CONDITIONS



Skylights pose an inherent risk of injury or death from fall throughs, and the safety of others is of the utmost importance to VELUX. VELUX recommends that the customer, building owner or manager use additional protection with the skylight such as an exterior or interior safety cage, to enhance long-term safety. The building owner or manager is responsible for providing fall protection around the skylight in accordance with OSHA regulations. VELUX also recommends that the building owner or manager restrict roof access only to personnel who have been cautioned as to the location of the skylights, and warned not to sit, step or walk on the skylights.

CUSTOMER VERIFICATION REQUIRED

"REVIEWED" STAMPS ARE NOT ACCEPTED

UNIT(S) DETAILED ARE AS REQUESTED IN THE BID INVITATION. THESE DETAILS ACCURATELY REFLECT THE FIELD DIMENSIONS AND ARE RELEASED FOR FABRICATION.

APPROVED: REJECTED: APPROVED AS NOTED (PER REVIEW BY WASCO):

BY: _____ DATE: _____

PLEASE INITIAL
SUBSEQUENT SHEETS

GENERAL NOTES:

- 1) SYSTEM DESIGNED FOR MULTIPLE DOME SETS ONLY.
- 2) HORIZONTAL MULLIONS ARE DESIGNED TO SUPPORT A MAX. 30 PSF +/- DESIGN LOAD @ 60" SPAN. CUSTOMER SUPPORT REQUIRED FOR HIGHER LOADS OR LONGER SPANS.
- 3) SUPPORTING CURB CONSTRUCTION MUST BE CAPABLE OF SUPPORTING ALL VERTICAL LOADS IMPOSED BY THE SKYLIGHT ONTO THE CURB.
- 5) INSTALLATION OF SKYLIGHT IS BY OTHERS.
- 6) OFF-LOADING OF SKYLIGHT IS THE RESPONSIBILITY OF THE CUSTOMER.
- 7) CTMD UNITS WILL SHIP ASSEMBLED AND GLAZED, OR IN SECTIONS NOT TO EXCEED 19'-6".

CONFIGURATION	MODEL	OD LENGTH	# OF EQUAL BAYS	OD WIDTH	UNIT QTY	RAFTER SUPPORT BY OTHERS REQUIRED
DOMES	CTMD					
	CTMD					
PYRAMIDS	CTMD					

ACRYLIC GLAZING:

OUTER	INNER
CLEAR	CLEAR
#2412 BRONZE	#2447 WHITE
#2447 WHITE	
SATIN SKY2 TRANSLUCENT IR	

METAL FINISH

MILL (STANDARD)	BLACK ANODIZE	
CLEAR ANODIZE	KYNAR	COLOR _____
DARK BRZ ANODIZE	BAKED ENAMEL	COLOR _____
MEDIUM BRZ ANODIZE		

THERMAL IN-TANDEM CURB MOUNT

SALES ORDER #:	
PROJECT NAME:	
LOCATION:	
CUSTOMER:	
WASCO REP:	

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