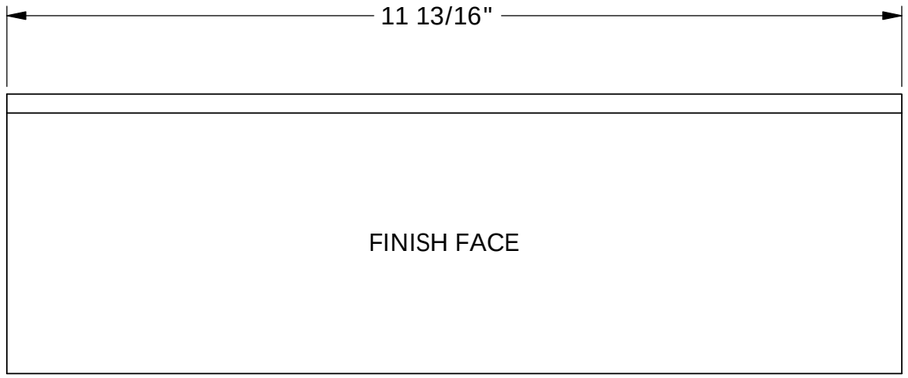


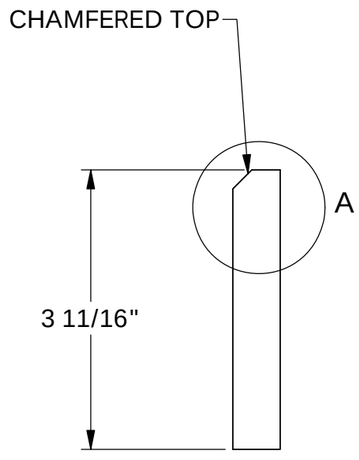
1 ELEVATION VIEW

QUANTITY NEEDED: _____ PIECES

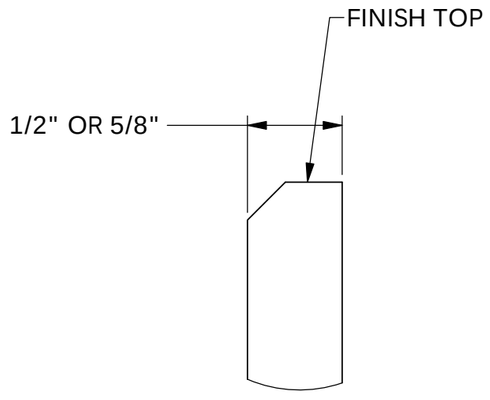
COLOR NEEDED: _____

LEFT OUTCORNTER: _____

RIGHT OUTCORNER: _____



2 SECTION



DETAIL A
SCALE 1 : 1

WAUSAU TILE
P.O. BOX 1520, WAUSAU, WI 54402-1520
800-388-8728
EMAIL: WTILE@WAUSAUTILE.COM
WEBSITE: WWW.WAUSAUTILE.COM

REVISIONS

	BY	DATE	NOTE
1	-		-
2	-		-
3	-		-
4	-		-
5			

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UNLESS OTHERWISE SPECIFIED DIMENSIONS SHOWN ARE ROUNDED TO THE CLOSEST FRACTION ± 1/16"

DRAWING SCALE: NOT TO SCALE

FABRICATION TOLERANCE: ± 1/8"

TYPE "D" CHAMFERED TOP

4" X 12" NOMINAL

CUSTOMER SIGNATURE REQUIRED

APPROVED: _____

DATE: _____

(SIGNATURE ABOVE ILLUSTRATES YOU HAVE REVIEWED ALL ASPECTS OF THE DESIGN FOR ACCURACY AND COMPLIANCE WITH YOUR JOB REQUIREMENTS AND APPROVE FABRICATION AS REPRESENTED WITHIN THESE DRAWINGS)

DRAWN BY:	DATE:
MCR	04/30/2020

CO NUMBER: -

WEIGHT: #

PRODUCT NUMBER:
4" X 12" CHAMFERED