



N°	QTY.	A	B	C	D	REMARK	FINISH:
1							MATERIAL
2							HOLES:
3							BOLT:
4							PAINT: SCALE N.T.S



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Tel: 604-882-8699 Fax: 604-882-8799

Customer Information

NAME: _____
 COMPANY: _____
 ADDRESS: _____
 TEL/FAX: _____
 Project: _____
 Date: _____
 Drawing Title: STAIRS
 Drawn: *DD* Check: _____
 Ref. Drg. PO
 Job. No. _____
 Drg. No: 06-06-000 Rev. _____