



TRUE EDGE RADIUS DRIP EDGE

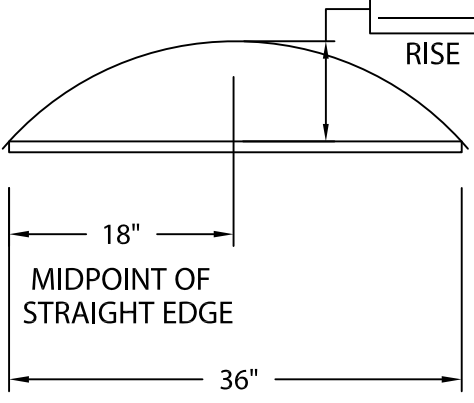
ANCHOR BAR @ 6'-0" OR 12'-0" LENGTHS, COVER 6'-0" LENGTHS

IMPORTANT!!! MUST INDICATE PROPER RADIUS CONDITION BY CIRCLING APPROPRIATE OUTSIDE FACE

PROVIDING A RADIUS
THE RADIUS MAY BE PROVIDED
IN ONE OF TWO METHODS:

1.) THE ACTUAL KNOWN RADIUS IS
 ' FEET " INCHES
 OR
 MINIMUM OF 6'-0"
 (CALL IF LESS)
 * RADIUS PRODUCT NOT
 REQUIRED IF OVER 100'-0"

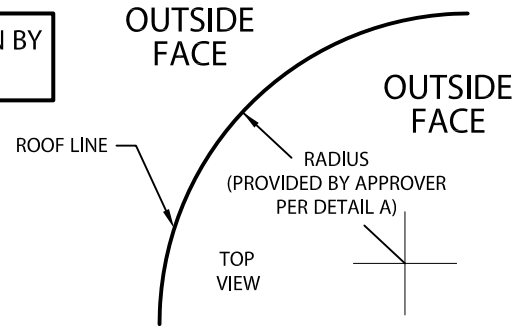
2.) FIELD CONDITION MEASUREMENTS
 NOTE: REFER TO ATTACHED WORKSHEET
 FOR FURTHER INFORMATION
 " INCHES
 RISE MAXIMUM OF 2 9/32"
 (CALL IF MORE)
 * RADIUS PRODUCT
 NOT REQUIRED IF
 UNDER 5/32"



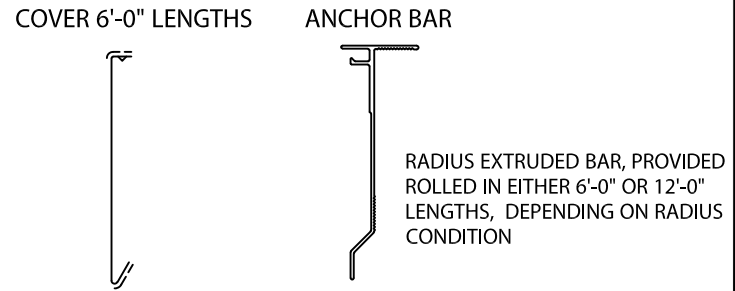
LENGTH OF
STRAIGHT EDGE

NOTE: CHECK MEASUREMENTS ALONG ENTIRE RADIUS.

DETAIL A



--- INDICATES AREAS THAT WILL BE SLIT AS
NEEDED TO ACCOMODATE RADIUS



NOTE: PROVIDED WITH 1" LAP NOTCH

TRUE EDGE RADIUS DRIP EDGE DIMENSIONS	
PRODUCT ID. NO.	H DIM
<input type="checkbox"/> AFDE-30	3"
<input type="checkbox"/> AFDE-45	4 1/2"
<input type="checkbox"/> AFDE-60	6"
<input type="checkbox"/> AFDE-75	7 1/2"

Fabrication will proceed only after receipt of signed print approval.

Print Approval:

Architect and/or contractor shall verify all dimensions, sizes and quantities. All products to be installed in strict accordance with True Seal's printed instructions.

Approved by: _____
 Date: _____

MATERIAL:

____ 24 GA. GALVANIZED STEEL
 ____ .040" ALUMINUM
 ____ OTHER _____

COLOR: _____

FINISH: _____

QUANTITIES:

_____ LINEAL FEET 12'-0" LENGTHS

PROJECT: _____
 ARCHITECT: _____
 ROOFING CONTRACTOR: _____
 REPRESENTATIVE/DISTRIBUTOR: _____



DATE: 09/11/19
 DRN BY: JJC
 CKD BY: JAI

SHT.# ____ OF ____
 DWG# 61010-32348 **A**