



FLEXLOCK FLE-HG RADIUS ROOF EDGE

FULLY ADHERED OR MECHANICALLY ATTACHED SINGLE-PLY VERSION

IMPORTANT!!! MUST INDICATE PROPER RADIUS CONDITION BY CIRCILING 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

2.) FIELD CONDITION MEASUREMENTS

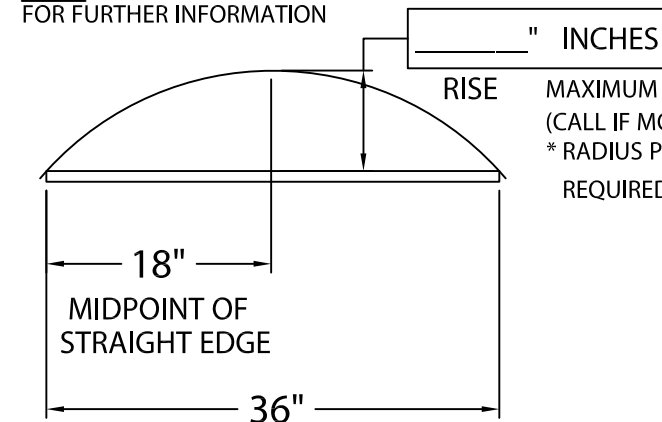
NOTE: REFER TO ATTACHED WORKSHEET
FOR FURTHER INFORMATION

MINIMUM OF 4'-6"
(CALL IF LESS)

* RADIUS PRODUCT NOT
REQUIRED IF OVER 150'-0"

MAXIMUM OF 3 $\frac{3}{32}$ "
(CALL IF MORE)

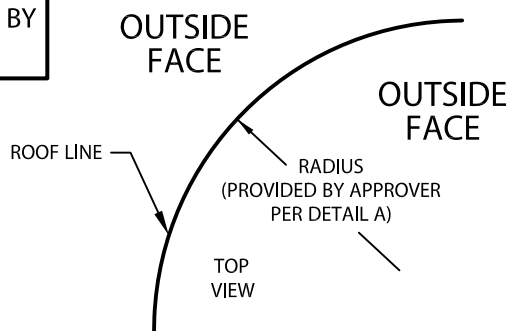
* RADIUS PRODUCT NOT
REQUIRED IF UNDER 3 $\frac{3}{32}$ "



LENGTH OF
STRAIGHT EDGE

NOTE: CHECK MEASUREMENTS ALONG ENTIRE RADIUS.

DETAIL A

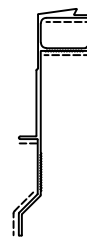


----- INDICATES AREAS THAT WILL BE SLIT AS
NEEDED TO ACCOMODATE RADIUS



* RADIUS FASCIA
PROVIDED IN 4'-0"
LENGTHS IF RADIUS IS
LESS THAN 48'-0".

* RADIUS FASCIA
PROVIDED IN 12'-0"
LENGTHS IF RADIUS IS
48'-0" OR GREATER.



* RADIUS EXTRUDED
BAR PROVIDED IN
4'-0" LENGTHS IF
RADIUS IS LESS THAN
48'-0".

* RADIUS EXTRUDED
BAR PROVIDED IN
12'-0" LENGTHS IF
RADIUS IS 48'-0" OR
GREATER.

FLEXLOCK FLE-HG RADIUS ROOF EDGE DIMENSIONS

PRODUCT ID. NO.	H DIM	COVERAGE	
<input type="checkbox"/> HG-AF-40	4"	2 $\frac{3}{4}$ "	
<input type="checkbox"/> HG-AF-55	5 $\frac{1}{2}$ "	4 $\frac{1}{4}$ "	
<input type="checkbox"/> HG-AF-70	7"	5 $\frac{3}{4}$ "	
<input type="checkbox"/> HG-AF-85	8 $\frac{1}{2}$ "	7 $\frac{1}{4}$ "	
<input type="checkbox"/> HG-AF-100	10"	8 $\frac{3}{4}$ "	

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 Flex's printed instructions.

Approved by: _____

Date: _____

MATERIAL:

____ 24 GA. GALVANIZED STEEL COLOR: _____
____ 22 GA. GALVANIZED STEEL FINISH: _____
____ .040" ALUMINUM
____ .050" ALUMINUM
____ .063" ALUMINUM
____ OTHER _____

QUANTITIES:

_____ LINEAL FEET 12'-0" LENGTHS

PROJECT:

ARCHITECT:

ROOFING CONTRACTOR:

REPRESENTATIVE/DISTRIBUTOR:

Customer Service:

Phone: 800-969-0108

Fax: 610-916-9501

Flex™

DATE: 08/16/18

DRN BY: JJC

CKD BY: SAK

SHT.# ____ OF ____

DWG# 28010-11785

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