

MILESTONE AWNING SELECTION SHEET

Shaded cells indicate the default choice if no other selection is made

UNIT:	<input type="checkbox"/> Operating <input type="checkbox"/> Stationary (choose one)			
QUANTITY:				
EXTERIOR:	<input type="checkbox"/> Natural	<input type="checkbox"/> Primed	<input type="checkbox"/> Painted, Color _____	<input type="checkbox"/> Other _____
INTERIOR:	<input type="checkbox"/> Natural	<input type="checkbox"/> Primed	<input type="checkbox"/> Other _____	
GLAZING:	<input type="checkbox"/> Regular Insulated	<input type="checkbox"/> Low E – Argon	<input type="checkbox"/> Low E – Argon	<input type="checkbox"/> Other _____
SPECIAL GLASS:	<input type="checkbox"/> Wavy Restoration	<input type="checkbox"/> Tempered	<input type="checkbox"/> Obscure	<input type="checkbox"/> Other _____
LOCK:	<input type="checkbox"/> Oil Rubbed Bronze	<input type="checkbox"/> Other _____		
DIVIDED LIGHT PATTERN:	<input type="checkbox"/> 2w2h	<input type="checkbox"/> 2w3h	<input type="checkbox"/> 3w2h	<input type="checkbox"/> 3w3h
	<input type="checkbox"/> 4w2h	<input type="checkbox"/> 4w3h	<input type="checkbox"/> Other _____	
DIVIDED LIGHT METHOD:	<input type="checkbox"/> 5/8” SDL	<input type="checkbox"/> 7/8” SDL	<input type="checkbox"/> Full Surround Grille	<input type="checkbox"/> Other _____
SPACER FOR DIVIDED LIGHT:	<input type="checkbox"/> No	Yes <input type="checkbox"/> Gray <input type="checkbox"/> Black		
JAMB DEPTH:	<input type="checkbox"/> 4 9/16”	<input type="checkbox"/> 6 9/16”	<input type="checkbox"/> Other _____	
EXTERIOR CASING:	<input type="checkbox"/> None, Clad Unit Has Nailing Fin	<input type="checkbox"/> None, 4” sill horns	<input type="checkbox"/> Brickmold	<input type="checkbox"/> 5/4 x 4 Flat
	<input type="checkbox"/> 5/4 x 5 Flat	<input type="checkbox"/> 5/4 x 6 Flat	<input type="checkbox"/> No Finger Joints	<input type="checkbox"/> Other _____
SPECIAL CASING DETAIL:	<input type="checkbox"/> Flat Pediment Head Applied	<input type="checkbox"/> Angled Pediment Head Applied	<input type="checkbox"/> Other _____	
SILL:	<input type="checkbox"/> Standard	<input type="checkbox"/> Thick “Historic”	<input type="checkbox"/> No Finger Joints	<input type="checkbox"/> Other _____
SCREEN:	<input type="checkbox"/> Wood Swing, Fiberglass Mesh	<input type="checkbox"/> Wood Swing, Aluminum Mesh	<input type="checkbox"/> Other _____	