



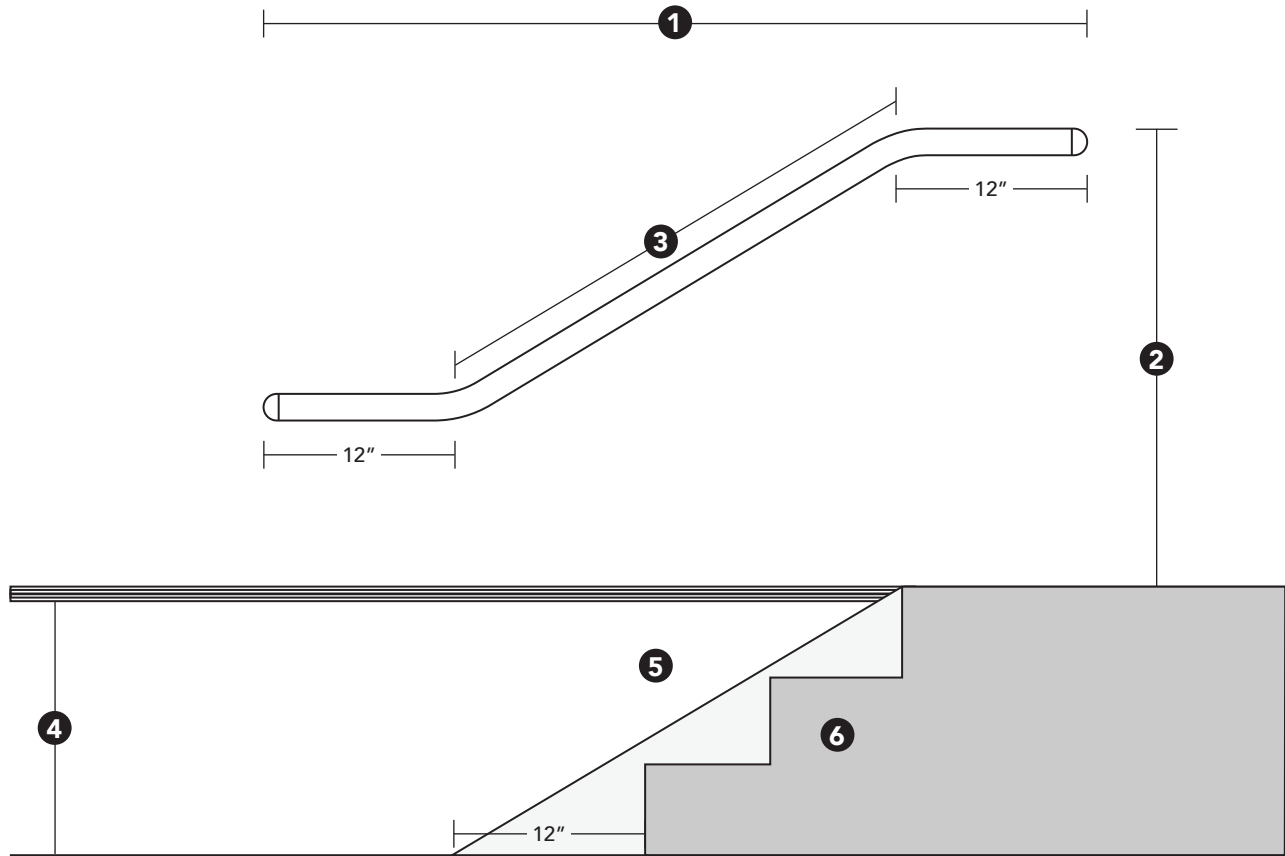
WALL MOUNT HAND RAIL

Submittal Drawing

JOB _____ DATE _____

APPROVED AS IS AS CORRECTED APPROVED BY _____

Contractor/owner is responsible for dimensions to be confirmed and correlated to plans.



DIMENSIONS		FIELD CONDITIONS		WALL MOUNT ORIENTATION	
1	Overall Length	<input type="text"/>	5	Ramp Length	<input type="text"/>
2	Overall Height	<input type="text" value="34"/>	6	Number of Steps	<input type="text"/>
3	Length of Angled Rail	<input type="text"/>			
4	Finished Floor Height	<input type="text"/>			
				<input type="checkbox"/> Right <input type="checkbox"/> Left of <input type="checkbox"/> Step <input type="checkbox"/> Ramp	

NOTES
