

HVAC, Inc.

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**LINE COVER
 SUBMITTAL DATA**

APPROVED BY: _____

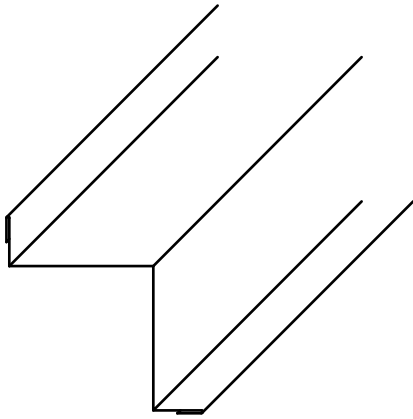
DATE APPROVED: ____ / ____ / ____

PROJECT NAME: _____

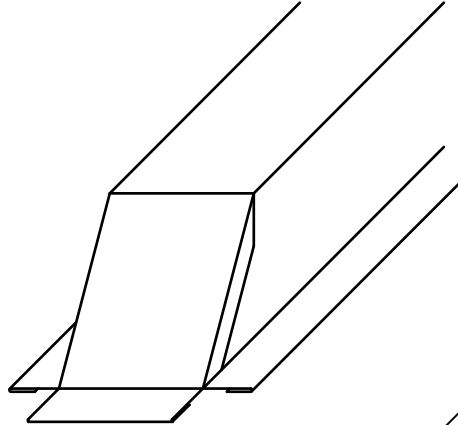
CITY, STATE: _____

JOB NUMBER: _____

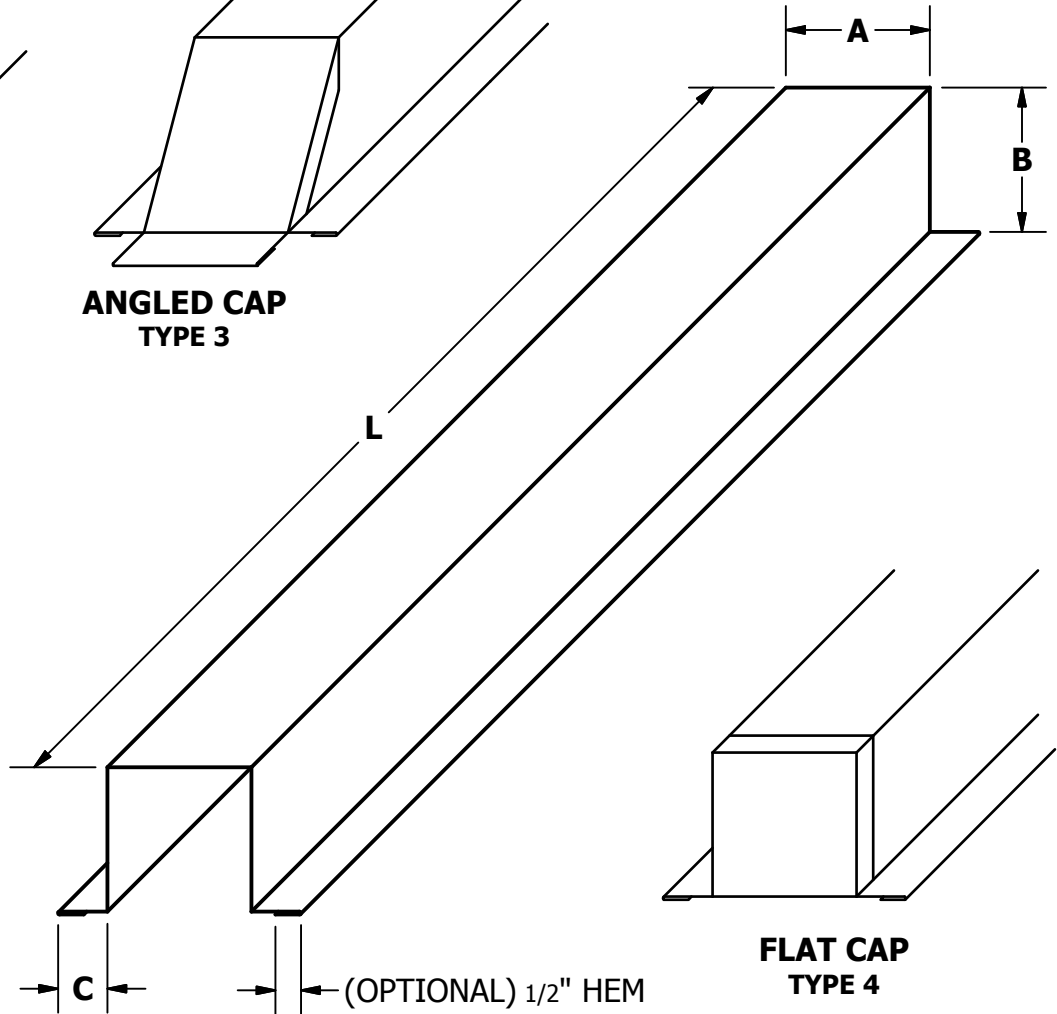
COMPANY: _____



**OPEN CORNER
 TYPE 2**



**ANGLED CAP
 TYPE 3**



**OPEN
 TYPE 1**

**FLAT CAP
 TYPE 4**

Reference Dimensions

QTY.	TYPE	Mat'l	Gauge	A	B	C	L	HEM	TAG/NOTES	Fab	Comp	Load	B/O