Glass Specification Guidelines

SKYLINE

General

_____ Project Name

_____ Specifier (Firm)

_____ Specifier City, State

_____ Skyline Quote Number

_____ Install Date

Pattern Specific / Required if Applicable

_____ Sample Number (123456-001)

_____ Skyline Pattern Name (if applicable)

_____ Side of glass to be decorated (Front/Back/Both)

_____ Pattern direction (Vertical/Horizontal)

Please include a sketch or file reference if 'yes' is checked for any of the following:

_____

Supporting documents may include:
- Artwork files (.ai, .eps, .pdf)
- Elevations with dims/gap details
- Safety logo placement sketch
- Finish/Color sample numbers

	No	Yes → Sketch/File Attached
Customer-supplied artwork?	☐	☐ ☐
Partial coverage or gradient?	☐	☐ ☐
Pattern Continuation or Alignment Required?	☐	☐ ☐
Special Fabrication? (Holes, Notches, Shapes)	☐	☐ ☐

Glass Specific

_____ Glass Type (Laminated or Monolithic)

_____ Glass Thickness (Overall Makeup if Laminated)

_____ Glass Color (Low-iron, Clear, Bronze, etc.)

_____ Edgework (Flat Polish or Seamed)

Back-Paint Specific

	No	Yes
Painted surface visible?	☐	☐
Magnetic glass?	☐	☐
Writable surface?	☐	☐
Formed backer with z-clip needed?	☐	☐

Safety Logo

	No	Yes	
Tempering logo needed?	☐	☐	_Note: Logos will be placed per ASTM standards._
Laminated logo needed?	☐	☐	

_____

Notes