



Title:		Lifestyle Modular Designer Series Outdoor Kitchen	
Customer Name:		Clovelly	Approved: [Signature]
Job Number:			Date:
ABM Representative:			Date:
Designed By:			Date:
Approved By:			Date:

	GEN. TOL	
	Linear	Angular
X	± 1.0	± 2°
X.X	± 0.6	± 1°
X.XX	± 0.25	± 0.5°

