



Title:		Lifestyle Stainless Steel / Designer Series Outdoor Kitchen		
Customer Name:		Kyle Bay		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°

