



ELEVATE ANCHORGARD® SP HG RADIUS FASCIA

FULLY ADHERED OR MECHANICALLY ATTACHED SINGLE-PLY VERSION

IMPORTANT!!! MUST INDICATE PROPER RADIUS CONDITION BY CIRCLING APPROPRIATE OUTSIDE FACE

PROVIDING A RADIUS
THE RADIUS MAY BE PROVIDED
IN ONE OF TWO METHODS:

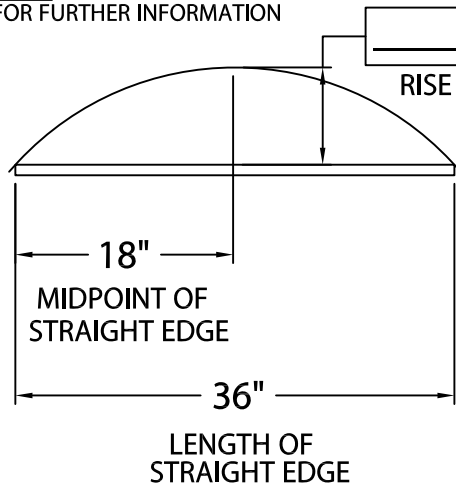
1.) THE ACTUAL KNOWN RADIUS IS

_____ ' FEET _____ " INCHES

OR

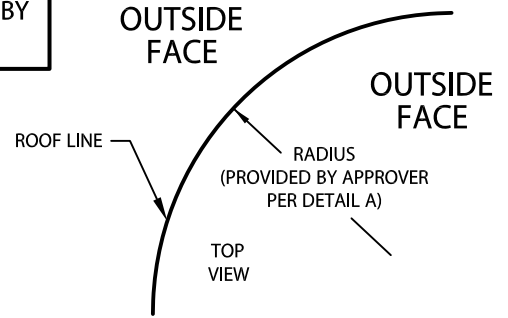
2.) FIELD CONDITION MEASUREMENTS

NOTE: REFER TO ATTACHED WORKSHEET
FOR FURTHER INFORMATION



MINIMUM OF 4'-6"
(CALL IF LESS)
* RADIUS PRODUCT NOT
REQUIRED IF OVER 150'-0"

MAXIMUM OF 3 ³/₃₂"
(CALL IF MORE)
* RADIUS PRODUCT NOT
REQUIRED IF UNDER 3 ³/₃₂"

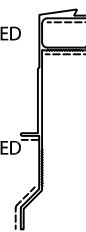


----- INDICATES AREAS THAT WILL BE SLIT AS
NEEDED TO ACCOMODATE RADIUS



* RADIUS FASCIA PROVIDED
IN 4'-0" LENGTHS IF
RADIUS IS LESS THAN
48'-0".

* RADIUS FASCIA PROVIDED
IN 12'-0" LENGTHS IF
RADIUS IS 48'-0" OR
GREATER.



* RADIUS EXTRUDED BAR
PROVIDED IN 4'-0"
LENGTHS IF RADIUS IS
LESS THAN 48'-0".

* RADIUS EXTRUDED BAR
PROVIDED IN 12'-0"
LENGTHS IF RADIUS IS
48'-0" OR GREATER.

ELEVATE ANCHORGARD SP HG RADIUS FASCIA DIMENSIONS

PRODUCT ID. NO.	H DIM	COVERAGE	
<input type="checkbox"/> HG-AF-40	4"	2 ³ / ₄ "	
<input type="checkbox"/> HG-AF-55	5 ¹ / ₂ "	4 ¹ / ₄ "	
<input type="checkbox"/> HG-AF-70	7"	5 ³ / ₄ "	
<input type="checkbox"/> HG-AF-85	8 ¹ / ₂ "	7 ¹ / ₄ "	
<input type="checkbox"/> HG-AF-100	10"	8 ³ / ₄ "	

NOTE: CHECK MEASUREMENTS ALONG ENTIRE RADIUS.

DETAIL A

Fabrication will proceed only after receipt of signed print approval.

Print Approval:

Architect and/or contractor shall verify all dimensions, sizes and quantities. All products to be installed in strict accordance with Elevate's printed instructions.

Approved by: _____

Date: _____

MATERIAL:

___ 24 GA. GALVANIZED STEEL COLOR: _____
___ 22 GA. GALVANIZED STEEL FINISH: _____
___ .040" ALUMINUM
___ .050" ALUMINUM
___ .063" ALUMINUM
___ OTHER _____

QUANTITIES:

_____ LINEAL FEET 12'-0" LENGTHS

PROJECT:

ARCHITECT:

ROOFING CONTRACTOR:

REPRESENTATIVE/DISTRIBUTOR:



ELEVATE
26 CENTURY BLVD.
SUITE 205
NASHVILLE, TN 37214
CONTACT YOUR LOCAL ELEVATE REPRESENTATIVE

DATE: 03/10/23
DRN BY: MLM
CKD BY: MM

SHT.# _____ OF _____

DWG# 13010-5653

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