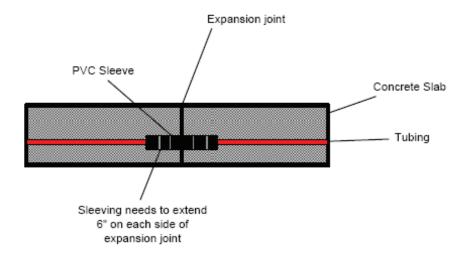


EXPANSION JOINT SUBMITTAL

Expansion Joint Sleeving Detail



| Date: | | |
|---------------|--|--|
| | | |
| | | |
| Project Name: | | |
| Engineer: | | |
| 9 | | |
| Submitted By: | | |

Infloor Sales & Service PO Box 4945 Buena Vista, CO 81211 800-608-0562 719-395-3555-fax