

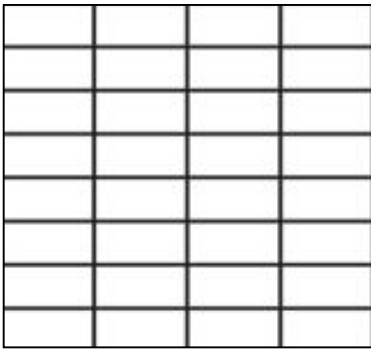
FLOOR TILE INSTALLATION APPROVAL

CLIENT NAME: _____ QUOTE / PROJECT NUMBER: _____

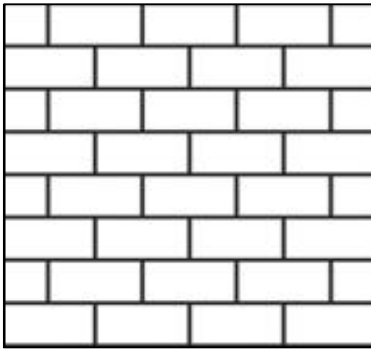
ROOM: _____ TILE NAME: _____

TILE SIZE: _____ GROUT COLOUR: _____ TRIM: _____

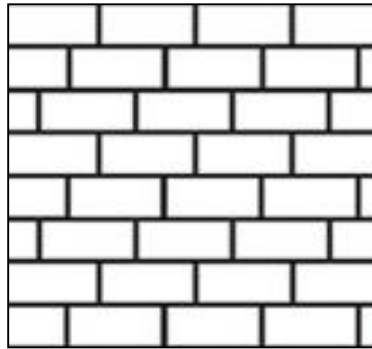
VIEW FROM ROOM ENTRANCE/DOORWAY



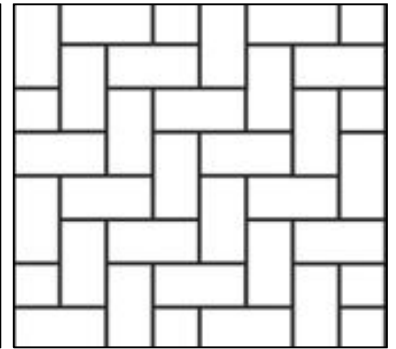
STACKED HORIZONTAL



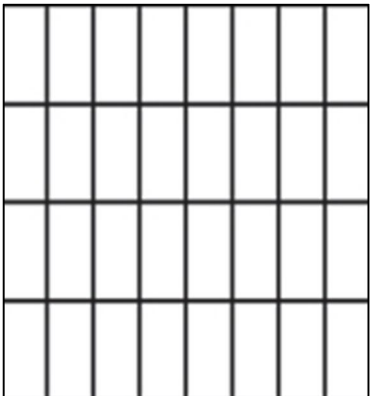
BRICKED HORIZONTAL



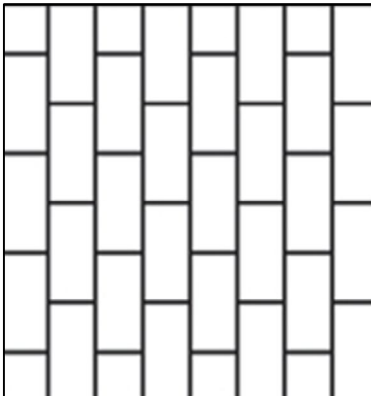
THIRD OFFSET HORIZONTAL



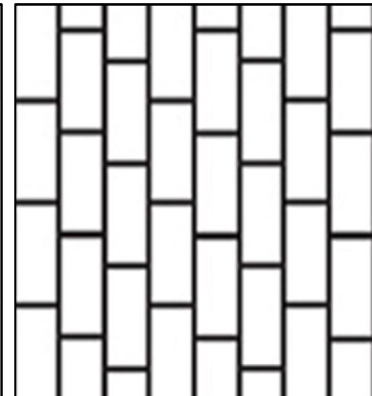
HERRINGBONE



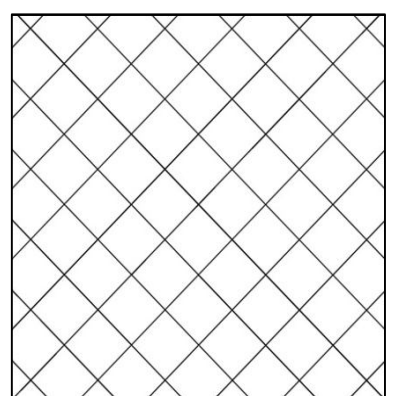
STACKED VERTICAL



BRICKED VERTICAL



THIRD OFFSET VERTICAL



45 DEGREE

I, (print name) _____ accept the tile layout chosen.

Date: _____ Signature: _____