Consultants:

Logo

CONSULTANT NAME
STREET ADDRESS
CITY, STATE, ZIP
PHONE #

SUB-CONSULTANT NAME in FIT TEXT
STREET ADDRESS, CITY, STATE, ZIP
TELEPHONE #

SUB-CONSULTANT NAME in FIT TEXT
STREET ADDRESS, CITY, STATE, ZIP
TELEPHONE #

SUB-CONSULTANT NAME in FIT TEXT
STREET ADDRESS, CITY, STATE, ZIP
TELEPHONE #

Project Key

REVISIONS

Rev No	Description	Date:
1	REVISION DESCRIPTION NARATIVE IN ARIAL FONT, 7/128" TALL IN MTEXT.	##/##/20##
2	REVISION DESCRIPTION NARATIVE IN ARIAL FONT, 7/128" TALL IN MTEXT.	##/##/20##
3	REVISION DESCRIPTION NARATIVE IN ARIAL FONT, 7/128" TALL IN MTEXT.	##/##/20##
4	REVISION DESCRIPTION NARATIVE IN ARIAL FONT, 7/128" TALL IN MTEXT.	##/##/20##
5	REVISION DESCRIPTION NARATIVE IN ARIAL FONT, 7/128" TALL IN MTEXT.	##/##/20##
6	REVISION DESCRIPTION NARATIVE IN ARIAL FONT, 7/128" TALL IN MTEXT.	##/##/20##

Client
CLIENT NAME-L1
CLIENT NAME-L2
CLIENT STREET ADDRESS
CLIENT CITY, STATE, ZIP

Project Title
PROJECT NAME-L2
PROJECT NAME-L1
PROJECT STREET ADDRESS
PROJECT CITY, NY ZIP

NYC-DOB BSCAN STICKER

NYC-DOB APPROVAL STAMPS

FOR NEW YORK CITY PROJECTS
SUBMITTING TO NYC-DEPARTMENT
OF BUILDINGS, TURN ON
"G-TTLB-ANNO-NYC" LAYER AND
USE. FOR ALL OTHER
PROJECTS, TURN OFF LAYER.

Drawing Title
DWGTITLE-LINE#1
DWGTITLE-LINE#2
DWGTITLE-LINE#3

Phase
BID   SUBMISSION

Professional Seal & Signature

Date:
##/##/20##
DASNY Project No:
######9999
Consultant Project No:
####

Scale:
1/8" = 1'-0"

Drawn By:
NAME
Checked By:
NAME

LA-###.##

Drawing Number | *Drawing* ### of ###