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CONSULTANT NAME
STREET ADDRESS
CITY, STATE, ZIP
PHONE #

SUB-CONSULTANT NAME in FIT TEXT
STREET ADDRESS, CITY, STATE, ZIP
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Project Key

Project Key

REVISIONS

No.	Description	Date
1	REVISION DESCRIPTION NARRATIVE IN AREA CODE 1 OF THIS PROJECT	##/##/20##
2	REVISION DESCRIPTION NARRATIVE IN AREA CODE 1 OF THIS PROJECT	##/##/20##
3	REVISION DESCRIPTION NARRATIVE IN AREA CODE 1 OF THIS PROJECT	##/##/20##
4	REVISION DESCRIPTION NARRATIVE IN AREA CODE 1 OF THIS PROJECT	##/##/20##
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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

Drawing Title

DWGTITLE-LINE#1
DWGTITLE-LINE#2
DWGTITLE-LINE#3
DWGTITLE-LINE#4

BID SUBMISSION

Drawn By: NAME
Checked By: NAME
Date: ##/##/20##

DASNY Project No: #####9999

Seal & Signature

Drawing Number

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Drawing

of

DOB APPROVAL STAMPS