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Consultants:

 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 NARRATIVE IN ARIAL FONT, 7/128" TALL IN MTEXT. | ###/###/20## |
| 2 | REVISION DESCRIPTION NARRATIVE IN ARIAL FONT, 7/128" TALL IN MTEXT. | ###/###/20## |
| 3 | REVISION DESCRIPTION NARRATIVE IN ARIAL FONT, 7/128" TALL IN MTEXT. | ###/###/20## |
| 4 | REVISION DESCRIPTION NARRATIVE IN ARIAL FONT, 7/128" TALL IN MTEXT. | ###/###/20## |
| 5 | REVISION DESCRIPTION NARRATIVE IN ARIAL FONT, 7/128" TALL IN MTEXT. | ###/###/20## |
| 6 | REVISION DESCRIPTION NARRATIVE 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

Drawing Title
 DWGTTITLE-LINE#1
 DWGTTITLE-LINE#2
 DWGTTITLE-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 ###

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.

NYC-DOB BSCAN STICKER

NYC-DOB APPROVAL STAMPS