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**Consultants:**

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

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TELEPHONE #

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TELEPHONE #

**Project Key**

**REVISIONS**

Rev No	Description	Date:
▲	REVISION DESCRIPTION NARRATIVE IN ARIAL FONT, 7/128" TALL IN MTEXT	###/##/20##
▲	REVISION DESCRIPTION NARRATIVE IN ARIAL FONT, 7/128" TALL IN MTEXT	###/##/20##
▲	REVISION DESCRIPTION NARRATIVE IN ARIAL FONT, 7/128" TALL IN MTEXT	###/##/20##
▲	REVISION DESCRIPTION NARRATIVE IN ARIAL FONT, 7/128" TALL IN MTEXT	###/##/20##
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▲	REVISION DESCRIPTION NARRATIVE IN ARIAL FONT, 7/128" TALL IN MTEXT	###/##/20##
▲	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

**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 ###

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.