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PROJECT TITLE
PROJECT SUBTITLE
PROJECT STREET ADDRESS
PROJECT CITY, STATE, ZIP

PROJECT NAME
PHASE SUBMISSION



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



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LIST OF DRAWINGS

T-1 COVER
ARCHITECTURE
A-X DRAWING NAME
A-X DRAWING NAME

MECHANICAL
M-X DRAWING NAME
M-X DRAWING NAME

Seal & Signature

ARCHITECT:

Seal & Signature

ELECTRICAL ENGINEER:



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CONSULTANT NAME
STREET ADDRESS
CITY, STATE, ZIP
PHONE #

MECHANICAL ENGINEER:



CONSULTANT NAME
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PHONE #



PLUMBING ENGINEER:

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LOCATION PLAN

SITE PLAN

DOB APPROVAL STAMPS

PROJECT NAME
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