

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

Seal & Signature

ARCHITECT:



CONSULTANT NAME
 STREET ADDRESS
 CITY, STATE, ZIP
 PHONE #

Seal & Signature

MECHANICAL ENGINEER:



CONSULTANT NAME
 STREET ADDRESS
 CITY, STATE, ZIP
 PHONE #

Seal & Signature

ELECTRICAL ENGINEER:



CONSULTANT NAME
 STREET ADDRESS
 CITY, STATE, ZIP
 PHONE #

Seal & Signature

PLUMBING ENGINEER:



CONSULTANT NAME
 STREET ADDRESS
 CITY, STATE, ZIP
 PHONE #

Seal & Signature

SUB-CONSULTANT:



CONSULTANT NAME
 STREET ADDRESS
 CITY, STATE, ZIP
 PHONE #

Seal & Signature

SUB-CONSULTANT:



CONSULTANT NAME
 STREET ADDRESS
 CITY, STATE, ZIP
 PHONE #

Seal & Signature

SUB-CONSULTANT:



CONSULTANT NAME
 STREET ADDRESS
 CITY, STATE, ZIP
 PHONE #

LIST of DRAWINGS

T-1 TITLE SHEET

ARCHITECTURE:

A-X DRAWING NAME
 A-X DRAWING NAME
 A-X DRAWING NAME
 A-X DRAWING NAME
 A-X DRAWING NAME
 A-X DRAWING NAME

MECHANICAL:

M-X DRAWING NAME
 M-X DRAWING NAME

ELECTRICAL:

E-X DRAWING NAME
 E-X DRAWING NAME

PLUMBING:

P-X DRAWING NAME
 P-X DRAWING NAME

LOCATION PLAN

SITE PLAN

DOB APPROVAL STAMPS

PROJECT NAME
PROJECT TITLE
 PROJECT SUBTITLE

PHASE SUBMISSION

Date: ##/##/20##

DASNY Project No: #####9999

Drawing 1 of ###