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

PROJECT NAME

PHASE SUBMISSION

INSERT CLIENT LOGO on LAYER "G-LOGO-CLNT" INTO CENTER OF SQUARE, ADJUST SIZE TO FIT TO THIS SHAPE, EITHER HORIZONTALLY, VERTICALLY OR BOTH.

Logo

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

PROVIDE STAMPS/SIGNATURES FOR ALL CONSULTANTS/SUB-CONSULTANTS ON 100% SUBMISSION AND BID DOCUMENTS. DELETE/CONDENSE AS NEEDED.

Seal & Signature

ARCHITECT:
Logo *CONSULTANT NAME*
STREET ADDRESS
CITY, STATE, ZIP
PHONE #

Seal & Signature

MECHANICAL ENGINEER:
Logo *CONSULTANT NAME*
STREET ADDRESS
CITY, STATE, ZIP
PHONE #

Seal & Signature

ELECTRICAL ENGINEER:
Logo *CONSULTANT NAME*
STREET ADDRESS
CITY, STATE, ZIP
PHONE #

Seal & Signature

PLUMBING ENGINEER:
Logo *CONSULTANT NAME*
STREET ADDRESS
CITY, STATE, ZIP
PHONE #

USE AS NECESSARY, CHANGE USED TO PROPER LAYER (TEXT and LOGO to G-TTLB-ANNO-CONS; CENTER USED TO CENTER OF PROJECT TITLE FIELD.

Seal & Signature

SUB-CONSULTANT:
Logo *CONSULTANT NAME*
STREET ADDRESS
CITY, STATE, ZIP
PHONE #

Seal & Signature

SUB-CONSULTANT:
Logo *CONSULTANT NAME*
STREET ADDRESS
CITY, STATE, ZIP
PHONE #

Seal & Signature

SUB-CONSULTANT:
Logo *CONSULTANT NAME*
STREET ADDRESS
CITY, STATE, ZIP
PHONE #

Seal & Signature

SUB-CONSULTANT:
Logo *CONSULTANT NAME*
STREET ADDRESS
CITY, STATE, ZIP
PHONE #

Seal & Signature

SUB-CONSULTANT:
Logo *CONSULTANT NAME*
STREET ADDRESS
CITY, STATE, ZIP
PHONE #

Seal & Signature

SUB-CONSULTANT:
Logo *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

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.

NEW YORK STATE OF OPPORTUNITY | DASNY
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Date: ##/##/20##

PROJECT NAME
PROJECT TITLE
PROJECT SUBTITLE
PHASE SUBMISSION

DASNY Project No: ######9999

Drawing 1 of ###