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**Consultants:**  
**CONSULTANT NAME** in FIT TEXT  
STREET ADDRESS, CITY, STATE, ZIP  
TELEPHONE #

*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*  
**DWGTITLE-LINE#1**  
**DWGTITLE-LINE#2**  
**DWGTITLE-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.

