

SHOP DRAWING SUBMITTAL

Name of Firm here

Address

YOUR LOGO HERE

City/State/Zip

Company's phone number

SHOP DRAWING NUMBER **insert # here**

Project Name:	
Project Number:	
Contract Number:	
Title of Shop Drawing:	
Date of Shop Drawing or Revision	
Name of Contractor:	
Name of Subcontractor:	
Supplier/Manufacturer:	
Separate Dealer:	
Specification Title & Number:	
Specification Section:	
Application Project Drawing Number	

SHOP DRAWING REVIEW

Complete either (a) or (b) following:	Check One:
(a) We have verified that the materials or equipment contained in this submittal meets all the requirements specified or shown (NO EXCEPTIONS)	()
(b) We have verified that the materials or equipment contained in this submittal meets all the requirements specified or shown, except for the following deviations (ATTACH LIST OF DEVIATIONS)	()

Submitted by: Insert name here

3/12/2019