

## 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