

**-FABRICATOR-**

COMPANY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 ZIP: \_\_\_\_\_  
 LIC. #: \_\_\_\_\_  
 CONTACT: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_  
 FAX #: \_\_\_\_\_

## PROJECT

PROJECT NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

| DATE                   | REVISION |
|------------------------|----------|
|                        |          |
|                        |          |
|                        |          |
|                        |          |
|                        |          |
| -W.I. SPECIFIED GRADE- |          |
| TOPS:                  |          |
| CABINETS:              |          |
| MILLWORK:              |          |
| DOORS (ROOM):          |          |

|              |  |
|--------------|--|
| COMPANY:     |  |
| ADDRESS:     |  |
| PHONE/FAX:   |  |
| STATE/LIC.#: |  |
| REVISION:    |  |
| DATE:        |  |

**-CONTRACTOR-**

COMPANY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 ZIP: \_\_\_\_\_  
 LIC. #: \_\_\_\_\_  
 CONTACT: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_  
 FAX #: \_\_\_\_\_

### -ARCHITECT STAMP-

SPACE FOR ARCHITECTURAL REVIEW STAMP

|                                  | YES | NO |
|----------------------------------|-----|----|
| W.I. CERT. REQ'D:                |     |    |
| SHOP DRAWINGS LABELS REQ'D.:     |     |    |
| COUNTER TOPS LABELS REQ'D.:      |     |    |
| CABINETS LABELS REQ'D.:          |     |    |
| MILLWORK LABELS REQ'D.:          |     |    |
| DOOR CERTIFICATE REQ'D.:         |     |    |
| INSTALLATION CERTIFICATE REQ'D.: |     |    |
| W.I. LABEL:                      |     |    |

|                       |  |
|-----------------------|--|
| JOB NAME:             |  |
| JOB ADDRESS:          |  |
| CONSTRUCTION MANAGER: |  |
| ARCHITECT:            |  |

**-ARCHITECT-**

COMPANY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 ZIP: \_\_\_\_\_  
 LIC. #: \_\_\_\_\_  
 CONTACT: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_  
 FAX #: \_\_\_\_\_

### -INSTALLATION REQUIREMENTS-

(PER W.I. ARCHITECTURAL WOODWORK STANDARDS)

1. ARCHITECT / ENGINEER: IT IS THE RESPONSIBILITY OF THE ARCHITECT / ENGINEER TO DIRECT AND PROVIDE SPECIFIC DETAILED REQUIREMENTS FOR ANCHORING OF CABINETS TO WALLS / FLOORS / CEILINGS.
2. ALL CABINET CONSTRUCTION SHALL COMPLY TO TITLE 24 CALIF. BUILDING CODE.

|                            |
|----------------------------|
| REVIEWED BY: <b>D.E.N.</b> |
| JOB: _____                 |
| DATE: _____                |
| DRAWN BY: <b>C.A.</b>      |

|                                      |
|--------------------------------------|
| WOODWORK INSTITUTE MEMBER SINCE 1951 |
| DRAWN BY: <b>C.A.</b>                |
| DATE: _____                          |
| SCALE: _____                         |
| JOB NO. _____                        |
| SHEET NO. <b>1</b>                   |
| OF <b>10</b>                         |