

-FABRICATOR-	-PROJECT-	-REVISION-										
Company:	Project Name:											
Address:	Address:											
ZIP:	Phone #:											
Contact:	Email:											
Phone #:	-ARCHITECT STAMP-		-NAAWS GRADE-									
Email:												
-CONTRACTOR-	Space for architectural review stamp:	Tops:										
Company:		Cabinets:										
Address:		Millwork:										
ZIP:		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> </tr> </thead> <tbody> <tr> <td>Shop drawings labels req'd</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Certification Required?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>			Yes	No	Shop drawings labels req'd	<input type="checkbox"/>	<input type="checkbox"/>	Certification Required?	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No									
Shop drawings labels req'd		<input type="checkbox"/>	<input type="checkbox"/>									
Certification Required?		<input type="checkbox"/>	<input type="checkbox"/>									
Contact:		CCP MCP CSIP										
Phone #:		W.I. Label:										
Email:												
-ARCHITECT-												
Company:												
Address:												
ZIP:												
Contact:												
Phone #:												
Email:	Reviewed by:											
-SHEET INDEX-			-INSTALLATION REQUIREMENTS-									
			It is the responsibility of the architect or engineer to direct and provide specific detailed requirements for anchoring of cabinets to walls, floors and ceilings.									
	Job:	Sheet No.										
	Date:											
Drawn by:												