

drawing title XXXXX XXXXX professiona

drawing title XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					STATE OF CONNECTICUT DEPARTMENT OF ADMINISTRATIVE SERVICES		
professional seal	REVISIONS			drawing prepared by FIRM NAME		date XX/XX/XXXX	
	mark	date	description	FIRM ADDRESS scale FIRM CITY, STATE x/x" = x'-x			
	X.X.X	X.X.X	X.X.X	PROJECT LOCATION PROJECT NAME PROJECT NAME PROJECT NAME CITY, STATE		drawn by XXX approved by XXX drawing no.	
							CAD no. xxxxxxxx.dwg