

R.063297.001
Roof and Penthouse Rehabilitation
GOCB 1045 Main Street, Moncton

DOCUMENT AND SHOP DRAWING SUBMITTAL FORM

Spec Section 01 33 00

General Contractor _____

Phone Number _____ Fax Number _____

General Contractor Project Representative _____

Sub-Contractor _____

Phone Number _____ Fax Number _____

Sub-Contractor Project Representative _____

Items _____

Number of Copies _____

Supplier _____

Manufacturer _____

Specification Reference _____

Drawing Reference _____

Specified Options Indicated ☐ Yes ☐ No

In Conformance with Plans and Specs Confirmed by Contractor ☐ Yes ☐ No

(If No, explain) _____

Contractor's Signature _____ Date _____