



PROJECT NAME/ ADDRESS:		-	
SPEC MODEL COSTUME MODEL:		-	
OWNERS SIGN OFF SQUAREFEET:		-	
OWNERS NAME:		-	
DATE:		-	
BUILDER:		-	
			
SKY ESTATES 8220 37TH AVE. SW SUITE 100 GAITHERSBURG, MD 20878-4409 TEL: (410) 248-7759 FAX: (410) 288-7264 EMAIL: info@skyesstates.ca		SKY ESTATES 8220 37TH AVE. SW SUITE 100 GAITHERSBURG, MD 20878-4409 TEL: (410) 248-7759 FAX: (410) 288-7264 EMAIL: info@skyesstates.ca	
SEAL:		-	
ISSUE:		-	
NO.	ISSUE	DATE	DATE
1	-	-	-
2	-	-	-
3	-	-	-
4	-	-	-
5	-	-	-
6	-	-	-
CONSULTANTS:			
ARCHITECTURAL:			
STRUCTURAL:			
MECHANICAL:			
ELECTRICAL:			
OTHERS:			
CHECKED BY:	-	SCALE:	As Shown
ISSUED:	-	DATE:	-
PROJECT NO.:	-	DRAWN BY:	-
DRAWING TITLE:			
DRAWING NUMBER:			
-			