SUBMITTAL IDENTIFICATION SHEET



To be completed by Contractor/CM		To be completed by Reviewer
PROJECT NAME		CANNONDESIGN SUBMITTAL NUMBER
ADDRESS		RECEIVED DATE
NUMBER		A. No Exceptions Taken. No further review of submittal is required.
OWNER		B. Make Corrections Noted. Incorporate corrections in work; resubmission is not required.
ARCHITECT / ENGINEER		C. Revise and Resubmit Revise as noted, and resubmit for review.
SUBMITTED BY		D. Rejected Submittal is not in compliance with Contract Documents; provide new submittal.
CONTRACTOR / CM SUBMITTAL NO.	CANNONDESIGN SUBMITTAL N	E. For Record / Information Only. Submittal was reviewed for Record / Information purposes only.
		F. Not Required for Review. Submittal is not required by Contract Documents and has not been reviewed.
DRAWING / DETAIL REFERENCE	SPECIFICATION SECTION / PAP	RAGRAPH
MANUFACTURER / SUPPLIER	ITEM / PRODUCT ID	Review is for conformance with the design concept of this project
REQUIRED DATE PRIORITY CRITICAL ITEM BEING SUBMITTED (check only one)		CRITICAL and for general compliance with contract documents. Contractor is responsible for quantities, dimensions and compliance with contract documents and for information that pertains to fabrication
 Shop Drawings Samples Qualifications Coordination Drawing Calculations Calculations Calculations Schedules O&M Manuals 		measure construction to be inverse and coordination of this work
ITEM BEING SUBMITTED FOR (check only	y one)	A/E COMMENTS O See attached sheet(s) for additional comments
○ Action ○ Information Only ○ Record		
REMARKS OR DEVIATIONS		
CONTRACTOR / CM CERTIFICATION		
(SUBMITTALS NOT CERTIFIED WILL BE F	RETURNED WITHOUT REVIEW)	
REVIEWED BY	DATE	REVIEWED BY DATE