



Student Name: _____
LAST NAME, FIRST NAME
 Brooklyn Office: _____
 Department of Architectural Technology
 86 Jay Street, Brooklyn New York

PROJECT
LOVELL BEACH HOUSE

DWG TITLE

FIRST FLOOR SKELTON

SEAL & SIGNATURE

DATE: 2013 08 08

PROJECT NO. ZOTIFY ONINDRAWING BY: **XMR / TMA**

WG NO: _____

A-101.00

ADD FILE NO. _____

PAGE

