

Transmittal

From: _		
To: UC	F Building Department	Date:
Perm	nit #: Bldg. #:	Project Name:
Proje	ect#: SI	FM#:
	ARE TRANSMITTING HERE WI	
	 Approval and/or signature 	
	 Review and comment 	
	• Use	
	Further handling	
	 Record 	
THI	E FOLLOWING:	
Copies	Description of each item	
REM		ORTANT ing permit number on all documents.
Origi	inal Value of Work:	_
Curr	ent Value of Work:	_
Proje	ect manager or contact person:	
Emai	il Address:	
Phon	ne number:	_