

Preliminary Review Submittal**Check one**

- ☐ Conceptual TAA CK 04
- ☐ Architectural TAA CK 05
- ☐ Sustainable Design TAA CK 06

Refer to Checklist:

Tenant Name

Facility/ @WUjcb

Project

TAA Number

Project A/EOR

Firm Name

Name, Title

Address

City, ST Zip

Phone

Email

License State

☐

NY

☐

NJ

No.

Type

☐

PE

☐

RA

Comments

We enclose our Preliminary Review Submittal in the format required by Section 1.7 and Section 4.1.2.3 of the TCAP Manual. If there are any additional attachments, please detail here.

Quantity	Description	Revision No.	Dated	By
	Electronic copy of the above			

Submitted By

Name, Title

Signature

Date

Copies To

To be submitted under cover letter from A/EOR.