|  |  |  |  |
| --- | --- | --- | --- |
| Thema | **Zeichnungs- und Versandliste** | Spezifikation |  |
|  |
| 1. **Objektdaten:**
 |
| Liegenschaft: |  |
| Bauvorhaben: |  |
| Gewerk / Kostengruppe: | KG 420 - Wärmeversorgung |
| Aktuelle Projektleistungsphase bei Zeichnungsversand: | LPH 3 |
| Zeichnungsverantwortlich / Ersteller: |  |
|  |
| 1. **Zeichnungs- und Versandangaben:**
 |

| **Institutionen / Personen** |
| --- |
| **Planbezeichnungskonvention****Gemäß Aufgabenheft** | **Planinhalt** | **Blattgröße**(L x H)[cm] | **Status** | **Erstellung**[Datum] | **Maßstab** | **Versendung**[Datum] | **Region Hannover** | **FBT-L - Architekt** | **FBT - Statik** | **FBT - HKLS** | **FBT - ELT** | **FBT - GA** |  |  | **PDF-Format** | **Zeichnungsformat** |
| **Grundrisse / Ansichten / Schnitte** |  |  |  |  |  |  |  |  |  |
| 101-0103-01-XX-HZG-SC-E-001-B-01 | Heizungsschema |  | Entwurf | 04.06.2019 | 1:100 | 05.06.2019 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  | Bitte auswählen |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  | Bitte auswählen |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  | Bitte auswählen |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  | Bitte auswählen |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  | Bitte auswählen |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  | Bitte auswählen |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  | Bitte auswählen |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Schemata** |  |  |  |  |  |  |  |  |  |
|  |  |  | Bitte auswählen |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  | Bitte auswählen |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  | Bitte auswählen |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  | Bitte auswählen |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |