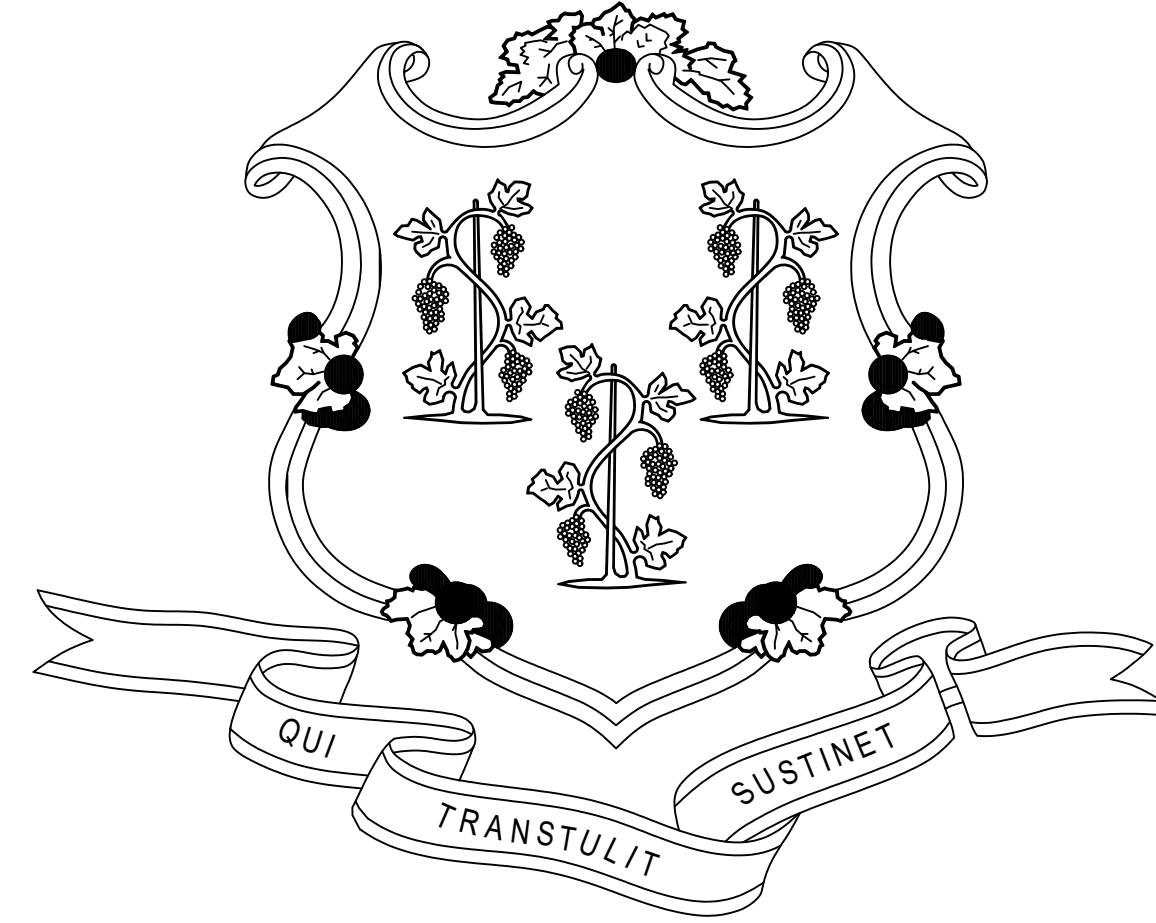


STATE OF CONNECTICUT



GOVERNOR NED LAMONT

DEPARTMENT OF ADMINISTRATIVE SERVICES
MICHELLE H. GILMAN
COMMISSIONER

DEPARTMENT OF XXXXXXXXXXXXXXXXX
XXXXXXXXXXXXX
COMMISSIONER

PROJECT NAME
PROJECT LOCATION
PROJECT CITY, CONNECTICUT

PROJECT NO. BI-__-__

ARCHITECTS AND ENGINEERS
FIRM NAME
FIRM ADDRESS
FIRM CITY, STATE, ZIP CODE
FIRM PHONE

CONTRACT DRAWINGS

NO. TITLE
COVER SHEET
A1.01 SHEET TITLE

D.C.S BUILDING IDENTIFICATION NO.
LAND ID: 00000 FACILITY ID: 00000

SITE PLAN



LOCATION PLAN