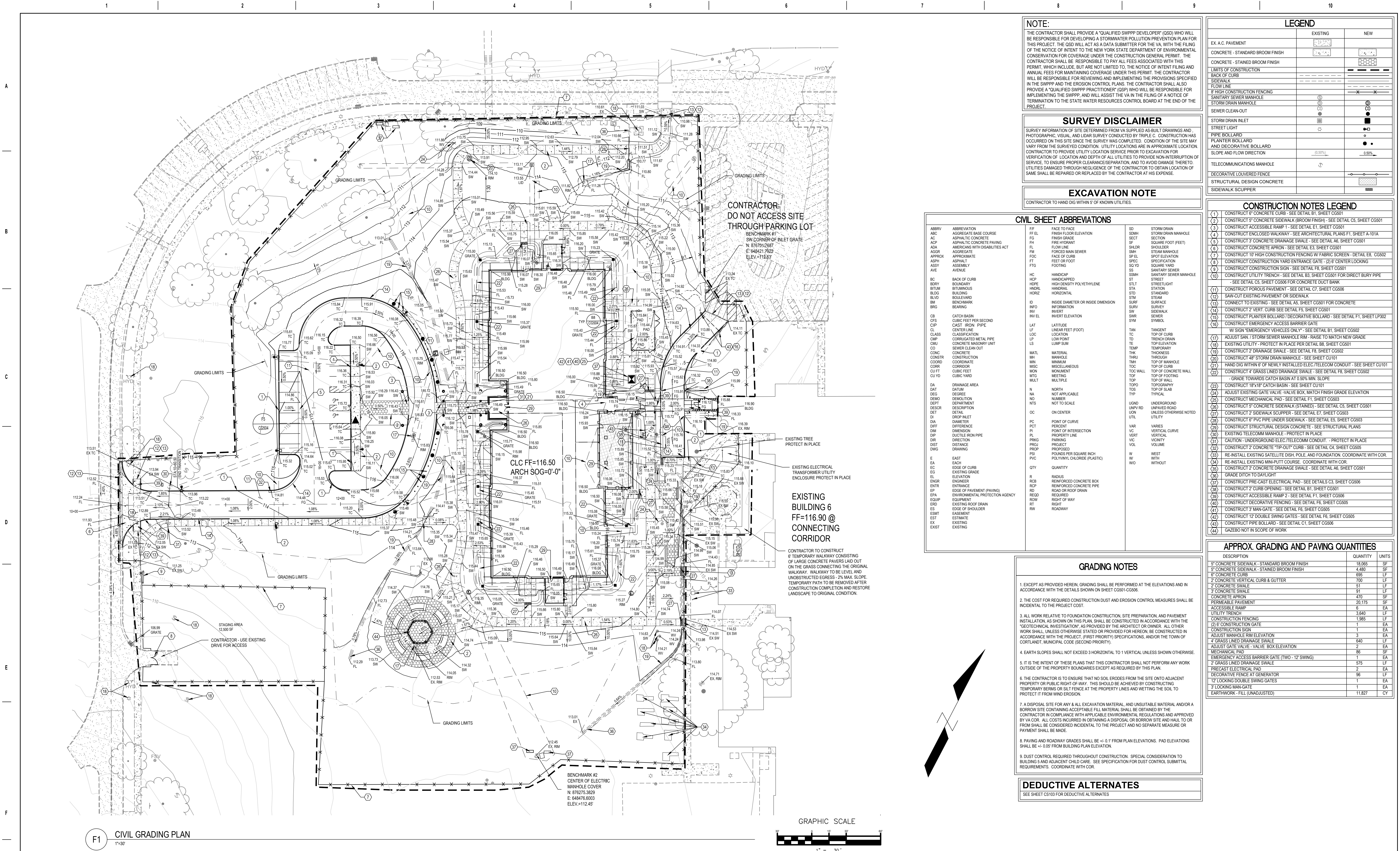
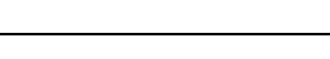




|            |       |                                                                                                                                                                         |  |  |                                                                                                                             |  |  |                                                                                       |                                                           |                                           |                                             |                                                         |                                  |                               |                                |
|------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------------------------------|--|--|---------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|---------------------------------------------|---------------------------------------------------------|----------------------------------|-------------------------------|--------------------------------|
| -          | -     | CONSULTANT                                                                                                                                                              |  |  | ARCHITECT/ENGINEER OF RECORD                                                                                                |  |  | STAMP                                                                                 | Office of<br>Construction<br>and Facilities<br>Management | Drawing Title<br><b>CIVILGRADING PLAN</b> | Phase<br><b>ISSUED FOR<br/>CONSTRUCTION</b> | Project Title<br><b>NEW COMMUNITY LIVING<br/>CENTER</b> | Project Number<br><b>620-334</b> |                               |                                |
| -          | -     |   |  |  |                                         |  |  |  |                                                           |                                           |                                             |                                                         |                                  | Building Number<br><b>CLC</b> |                                |
| -          | -     | Protective Design Specialist<br>240 West 35th St. Suite 1004<br>New York, NY 10001<br>(212) 967-4890<br>Corinne Tan, SE                                                 |  |  | Structural<br>315 West James Street, Suite 102<br>Lancaster, PA 17603<br>(717) 481-2991<br>Jason Vannoy, SE, PE             |  |  |                                                                                       |                                                           |                                           |                                             |                                                         |                                  |                               | Drawing Number<br><b>CG101</b> |
| -          | -     | MEP<br>550 North Rao Street, Suite 203<br>Tampa, FL 33609<br>(813) 289-4700<br>Nicholas Stephenson, PE                                                                  |  |  | A/E:<br>TRIPLE C - The A/E Group<br>201 E. Jefferson Street, Suite 200<br>Syracuse, NY 13202<br>315.484.5958<br>Mat Perkins |  |  |                                                                                       |                                                           |                                           |                                             |                                                         |                                  |                               |                                |
| -          | -     |                                                                                    |  |  |                                                                                                                             |  |  |                                                                                       |                                                           |                                           |                                             |                                                         |                                  |                               |                                |
| -          | -     |                                                                                                                                                                         |  |  |                                                                                                                             |  |  |                                                                                       |                                                           |                                           |                                             |                                                         |                                  |                               |                                |
| -          | -     |                                                                                                                                                                         |  |  |                                                                                                                             |  |  |                                                                                       |                                                           |                                           |                                             |                                                         |                                  |                               |                                |
| -          | -     |                                                                                                                                                                         |  |  |                                                                                                                             |  |  |                                                                                       |                                                           |                                           |                                             |                                                         |                                  |                               |                                |
| -          | -     |                                                                                                                                                                         |  |  |                                                                                                                             |  |  |                                                                                       |                                                           |                                           |                                             |                                                         |                                  |                               |                                |
| -          | -     |                                                                                                                                                                         |  |  |                                                                                                                             |  |  |                                                                                       |                                                           |                                           |                                             |                                                         |                                  |                               |                                |
| -          | -     |                                                                                                                                                                         |  |  |                                                                                                                             |  |  |                                                                                       |                                                           |                                           |                                             |                                                         |                                  |                               |                                |
| Revisions: | Date: |                                                                                                                                                                         |  |  |                                                                                                                             |  |  |                                                                                       |                                                           |                                           |                                             |                                                         |                                  |                               |                                |