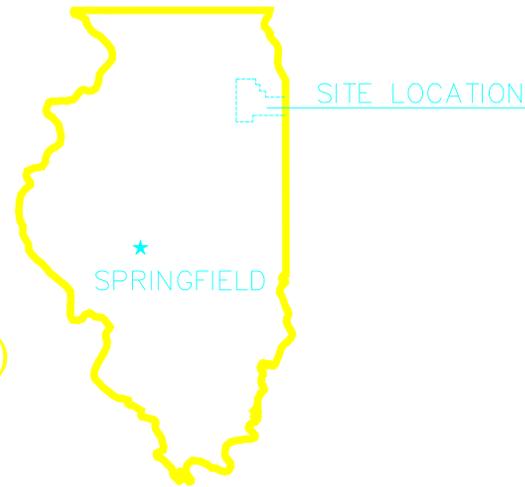


CDB - PROJECT NUMBER ____ - ____ - ____

(PROJECT NAME)
 (INSTITUTION NAME)
 (CITY, COUNTY ILLINOIS)
 CDB BUILDING INVENTORY NO.- (LIST AS REQUIRED)



STATE LOCATION PLAN

INDEX OF DRAWINGS

G-1 TITLE SHEET AND LOCATION PLANS
 (REMAINING DRAWINGS-LIST IN ORDER)

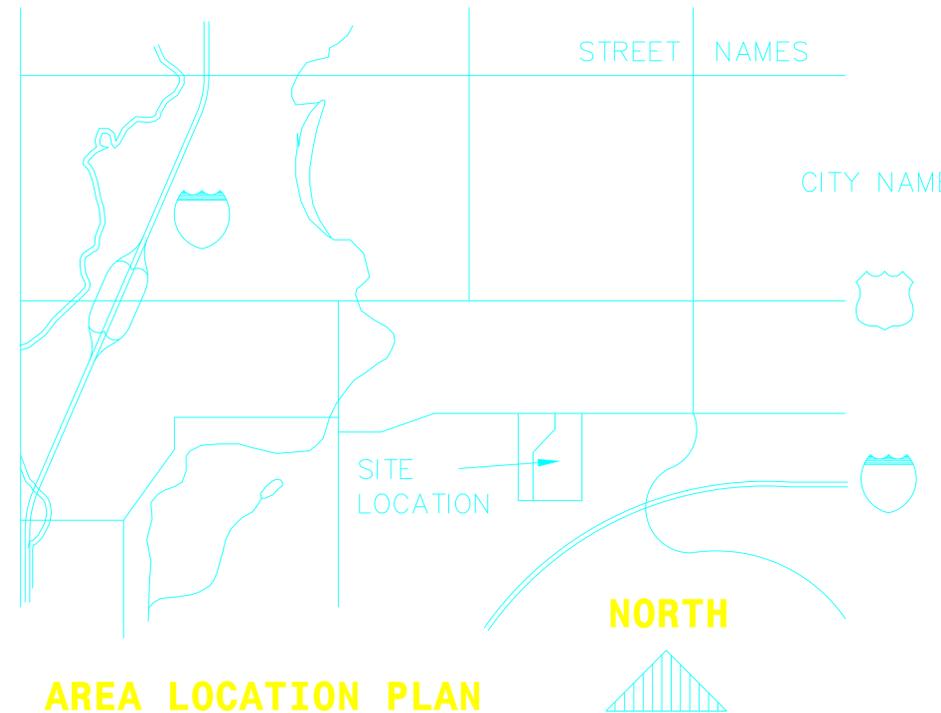
FOR:
 STATE OF ILLINOIS
 CAPITAL DEVELOPMENT BOARD

SAMPLE COVER SHEET WITH STANDARD TITLE BLOCK

USING AGENCY:
 (NAME OF AGENCY)

BY:
 (A/E NAME)
 (ADDRESS)
 (CITY, ZIP)
 (PHONE)

(LIST CONSULTANTS, ADDRESSES, PHONE NO'S)



AREA LOCATION PLAN

NOTE: CONTRACTOR SHALL OBTAIN AND VERIFY ALL DIMENSIONS AND CONDITIONS AT JOB SITE AND BE FULLY RESPONSIBLE FOR SAME.

REVISIONS			DRAWN	PREPARED	SEAL	CONSULTANTS NAMES AND ADDRESSES	ARCHITECT ENGINEER AND ADDRESS	 State of Illinois Bruce Rauner, Governor Illinois Capital Development Board	SHEET TITLE		PROJECT NO. 000-000-000
NO.	DATE	REMARKS	TRACED	APPROVED					DATE		
			CHECKED	APPROVED					SHEET NO.		
									G-1		
					OF () SHEETS						