

# SCHOOL NAME PROJECT NAME

Project Address



SEALS:

NOTES:

**REFERENCE SYMBOLS**

**ABBREVIATIONS**

**ARCHITECTS/ENGINEERS/ CONSULTANTS**

**LIST OF DRAWINGS**

**PROJECT LOCATION**

**OWNER:** Charleston County School District  
3999 Bridge View Drive  
N. Charleston, SC 29405  
(843) 566-1975

**PROGRAM MANAGER:** Cumming Corporation  
3820 Faber Place Drive, Suite 600  
North Charleston, SC 29405

**PROJECT LOCATION**

REVISION NO	DATE
Current Revision	Current Revision Date
-	-
-	-

**PLAN SET**

**SCHOOL NAME  
PROJECT NAME**

Project Address

**ARCHITECT**  
1234 Street Name  
City, SC zip  
843.XXX.XXX  
email

**CHARLESTON COUNTY  
SCHOOL DISTRICT**

**SHEET NAME**

<b>PROJECT NO,Project Number</b>	
<b>DRAWN BY:</b> DRAWN BY	
<b>CHECKED BY:</b> CHECKED BY	
<b>DATE</b>	01/01/00
<b>SCALE</b>	1/8" = 1'-0"

**A101**

**SHEET OF 38**

PROJECT DESIGN STATUS

**GENERAL PROJECT NOTES**