



VCS Project NO. XXXXXXXX

ENTER PROJECT ADDRESS HERE

XXX
XXX
XXX
XXX
XXX

BOARD CHAIR
VICE BOARD CHAIR
MEMBER
MEMBER
MEMBER

SUPERINTENDENT

SEAL

REPLACE TEXT WITH BRIEF SUMMARY OF THE SCOPE OF WORK. (Must match spec.)

To the best of my knowledge, these drawings and the project manual are complete and comply with the Florida Building Code.

A.	SURVEY PARCEL ID	XXX
B.	LEGAL DESCRIPTION	XXX
C.	OCCUPANCY TYPE	XXX
D.	CONSTRUCTION TYPE	TYPE XXX
E.	RISK CATEGORY	XXX
F.	AUTOMATIC SPRINKLER	XXX
G.	BUILDING AREA	XXX
H.	BUILDING HEIGHT	XXX
I.	OCCUPANT LOAD	XXX

LOCATION MAP HERE

NOT TO SCALE

DISCIPLINE
FIRM NAME
ADDRESS
ADDRESS
CONTACT PHONE NUMBER
PROJECT MANAGER
e-mail address
WWW.FIRM WEBSITE.COM

INSERT COMPANY LOGO HERE
IF APPLICABLE

DISCIPLINE
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ADDRESS
CONTACT PHONE NUMBER
PROJECT MANAGER
e-mail address
WWW.FIRM WEBSITE.COM

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WWW.FIRM WEBSITE.COM

INSERT COMPANY LOGO HERE
IF APPLICABLE

INSERT PLAN PHASE DESCRIPTION AND DATE

DOCUMENT HISTORY		
NO.	DATE	DESCRIPTION

EXHIBIT X
SCHOOL/FACILITY NAME
PROJECT NAME
VCS Project NO. XXXXXX
ENTER PROJECT ADDRESS HERE

DESIGNED BY
XXX

DRAWN BY
XXX

ISSUE DATE
XX/XX/XX

AE PROJECT NUMBER
XXXXXXX

SHEET TITLE

COVER

DRAWING NO.

XXXX