

| Consultants: | CONSULTANT TYPE (BOLD)        | CONSULTANT NAME (BOLD) |
|--------------|-------------------------------|------------------------|
|              | CONSULTANT ADDRESS (NOT BOLD) |                        |
|              | CONSULTANT ADDRESS (NOT BOLD) |                        |
|              | CONSULTANT ADDRESS (NOT BOLD) |                        |
|              | CONSULTANT TYPE (BOLD)        | CONSULTANT NAME (BOLD) |
|              | CONSULTANT ADDRESS (NOT BOLD) |                        |
|              | CONSULTANT ADDRESS (NOT BOLD) |                        |
|              | CONSULTANT ADDRESS (NOT BOLD) |                        |

Signature & Seal:

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Client: BUFFALO NIAGARA MEDICAL CAMPUS

Project: 847 MAIN STREET LAB ADDITIONS AND ALTERATIONS

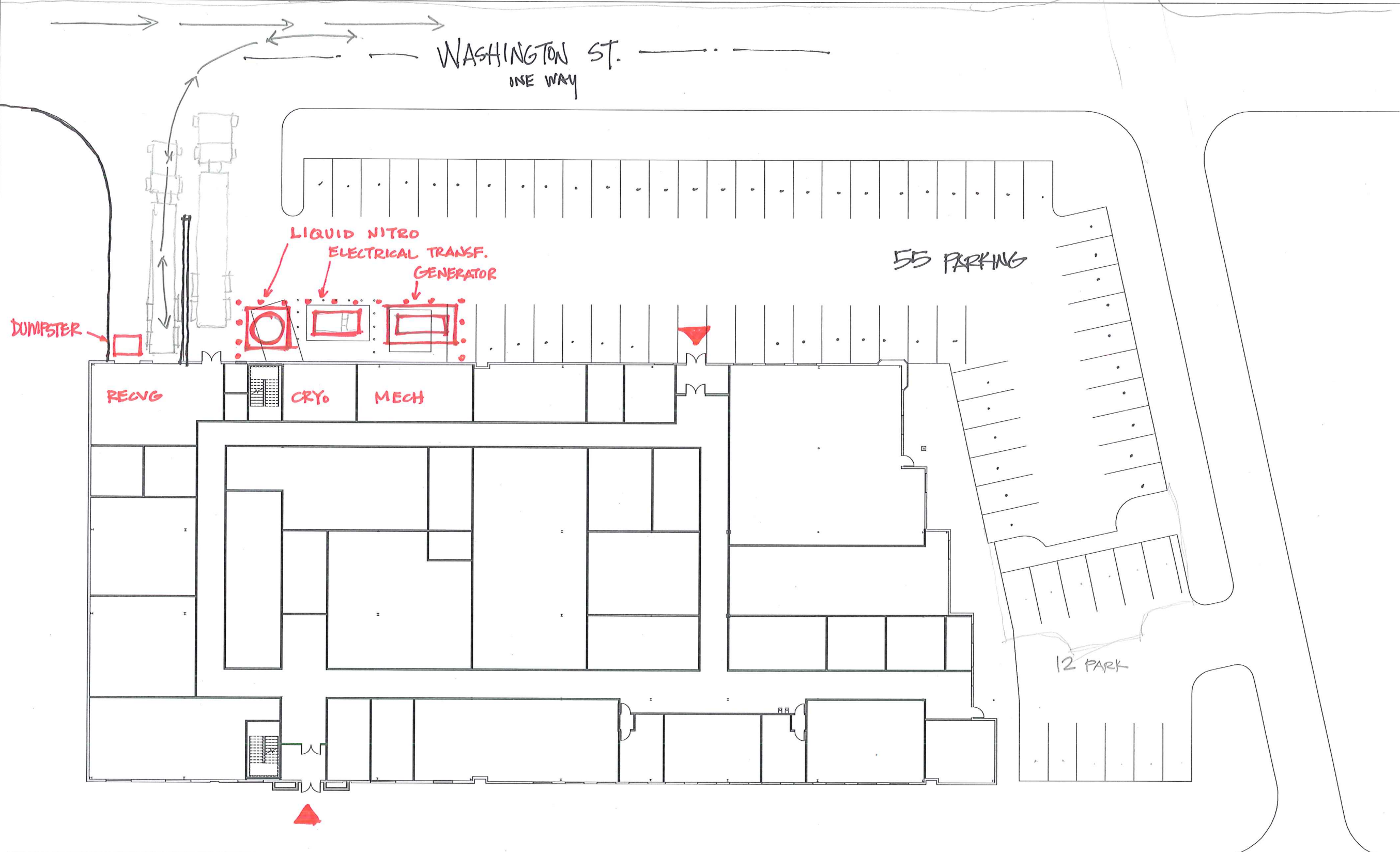
Project Address: 847 MAIN STREET BUFFALO, NY 14203

Drawing History: # Date Description

Project Status: SCHEMATIC

Date: 08/20/13  
Project Number: 13059  
Sheet Title: Unnamed

Sheet Number: A-103



1 SITE PLAN  
3/27-1/10"

MAIN STREET

PRELIM SITE  
8/20/13