



## SECOND FLOOR PLAN

SCALE: N.T.S.



**The State  
of  
South Carolina**

AGENCY OR INSTITUTION  
**Department  
of  
Disabilities and Special Needs**

PROFESSIONAL SEAL	REVISION	DATE	BY	APP.

SHEET TITLE		
<b>SECOND FLOOR PLAN</b>		
DRAWN BY:	CHECKED BY:	FINAL APP.:

PROJECT TITLE		
<b>CENTRAL OFFICE</b>		
<b>3440 HARDEN ST. EXT., COLUMBIA, S.C. 29203</b>		
STATE PROJECT NO.	DRAWING NO.	SHEET
		<b>A2 of 2</b>

DIVISION