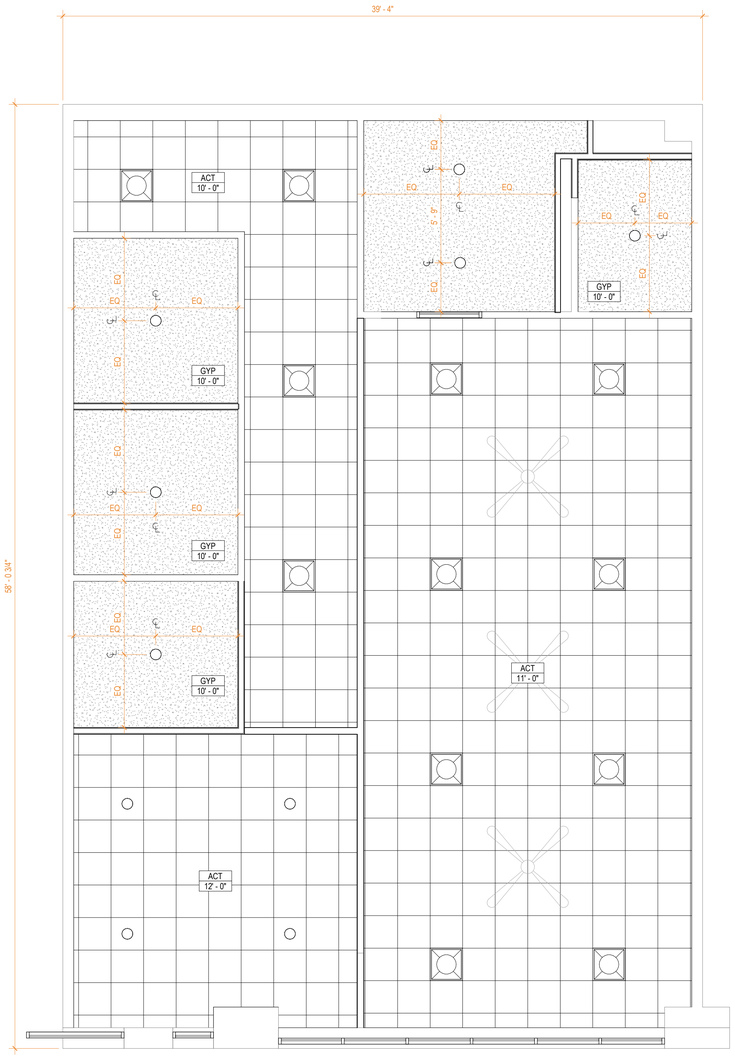
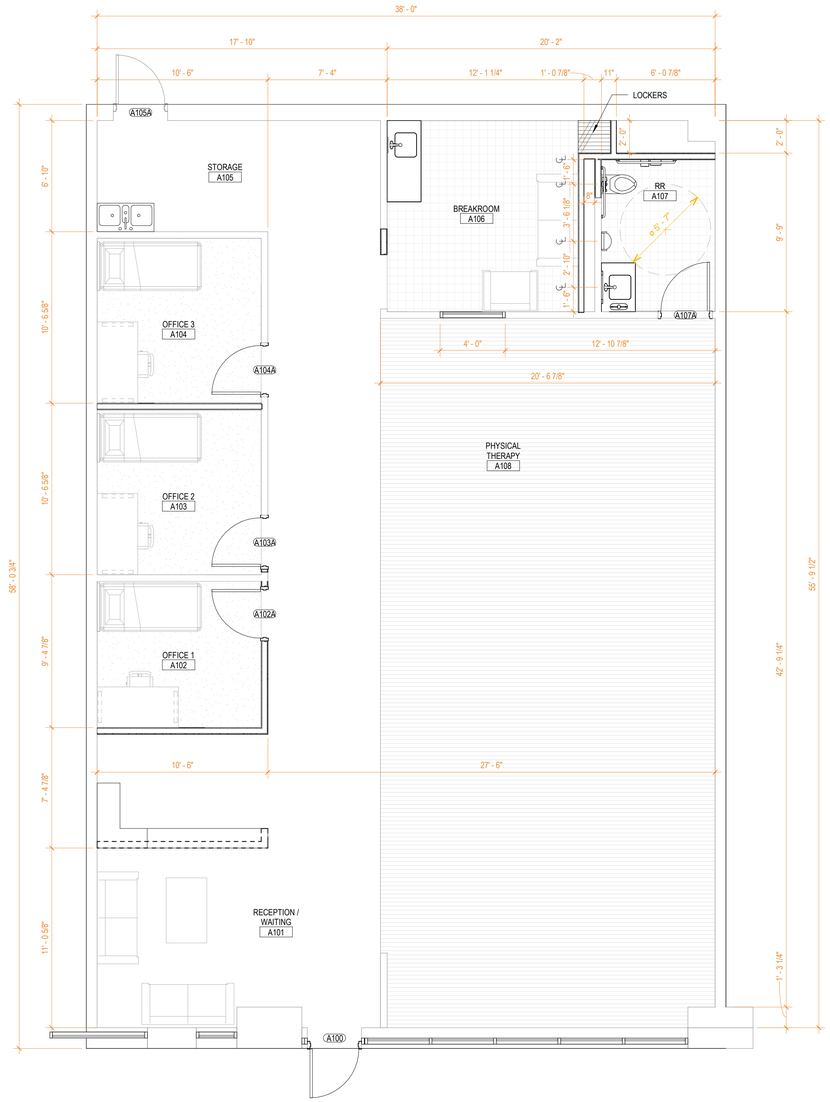


2 RCP
1/4" = 1'-0"



1 FLOOR PLAN
1/4" = 1'-0"

DISCIPLINE
ORGANIZATION NAME
ADDRESS
CITY, STATE, ZIP
XXX.XXX.XXX (D) XXX.XXX.XXXX(F)
XXX STATE CERTIFICATE OF AUTHORITY
NO. XXXXXXXXXX

DISCIPLINE
ORGANIZATION NAME
ADDRESS
CITY, STATE, ZIP
XXX.XXX.XXX (D) XXX.XXX.XXXX(F)
XXX STATE CERTIFICATE OF AUTHORITY
NO. XXXXXXXXXX

DISCIPLINE
ORGANIZATION NAME
ADDRESS
CITY, STATE, ZIP
XXX.XXX.XXX (D) XXX.XXX.XXXX(F)
XXX STATE CERTIFICATE OF AUTHORITY
NO. XXXXXXXXXX

DISCIPLINE
ORGANIZATION NAME
ADDRESS
CITY, STATE, ZIP
XXX.XXX.XXX (D) XXX.XXX.XXXX(F)
XXX STATE CERTIFICATE OF AUTHORITY
NO. XXXXXXXXXX

FOR CONSTRUCTION

ISSUANCE		
NO	DATE	DESCRIPTION

PROJECT NAME
ENTER CLIENT NAME
ADDRESS LINE 1

100% SD ISSUANCE (UPDATE)

FLOOR PLAN

SHEET NO.
A1.0

JOB NO. ##-####.##

2/5/2024 6:15:19 PM
H:\workspace\Physical Therapy.rvt
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