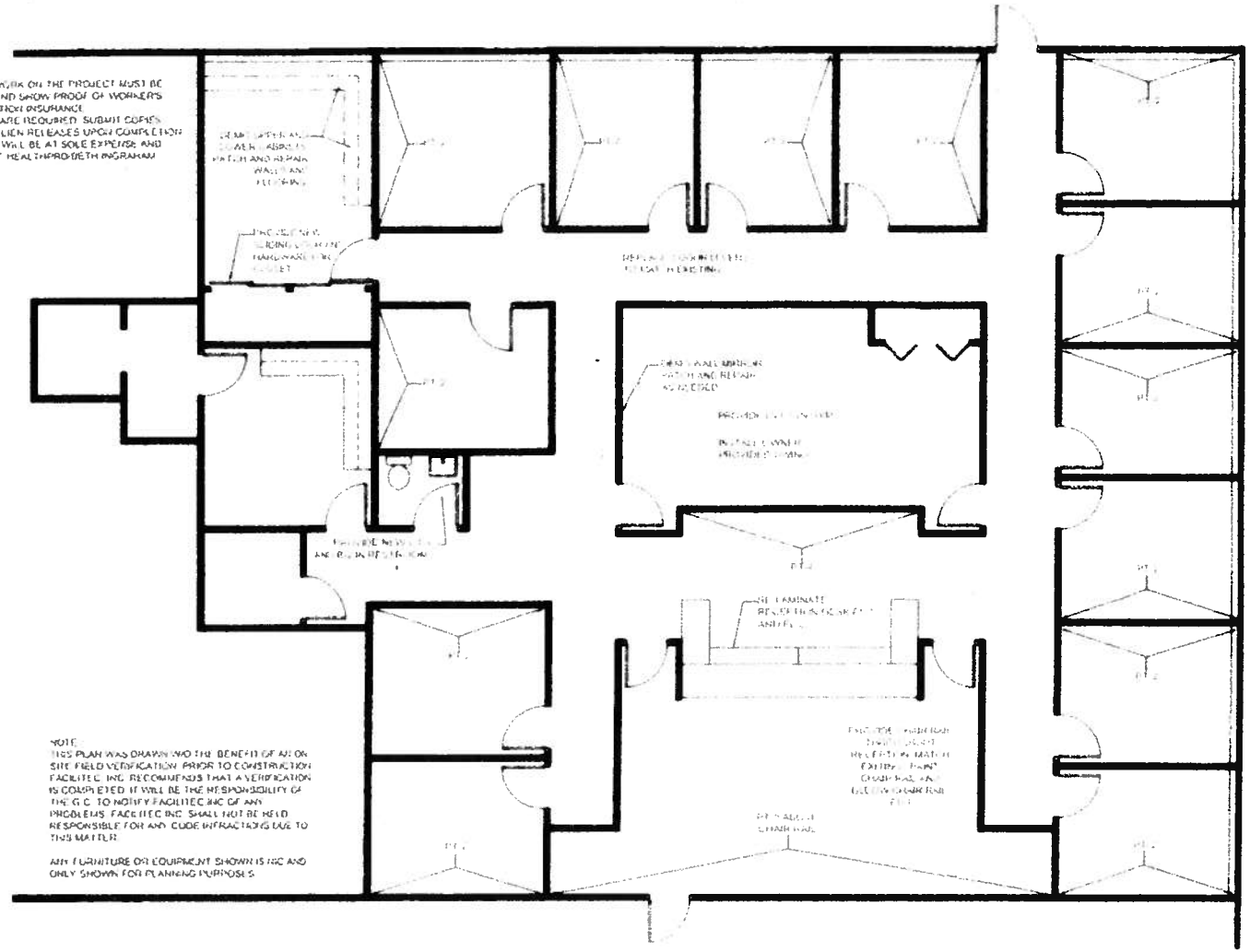
NOTE

- ALL SUBS WORK ON THE PROJECT MUST BE LICENSED AND SHOW PROOF OF WORKER'S COMPENSATION INSURANCE
- IF PERMITS ARE REQUIRED SUBMIT COPIES WITH FINAL LIEN RELEASES UPON COMPLETION
- THIS WORK WILL BE AT SOLE EXPENSE AND LIABILITY OF HEALTHPROFIT INGRAHAM

LA



NOTE
THIS PLAN WAS DRAWN WO THE BENEFIT OF AN ON SITE FIELD VERIFICATION PRIOR TO CONSTRUCTION FACILITEC INC RECOMMENDS THAT A VERIFICATION IS COMPLETED IT WILL BE THE RESPONSIBILITY OF THE G C TO NOTIFY FACILITEC INC OF ANY PROBLEMS FACILITEC INC SHALL NOT BE HELD RESPONSIBLE FOR ANY CODE INFRACTIONS DUE TO THIS MATTER

ANY FURNITURE OR EQUIPMENT SHOWN IS NIC AND ONLY SHOWN FOR PLANNING PURPOSES

UNTER

AND

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A-1

FINAL SCOPE PLAN

SCALE : 1/8" = 1'-0"

N
PLAN NORTH

NOTE DIMENSIONS ARE APPROXIMATE AND MAY VARY SLIGHTLY WITH FIELD CONDITIONS

PLEASE INDICATE THAT YOU HAVE REVIEWED THIS DOCUMENT CAREFULLY AND FIND THESE SPECIFICATIONS AND INTENTIONS AS APPROVED FOR CONSTRUCTION BY SIGNING YOUR NAME AND DATING BELOW

SIGNED BY DATE