



801 363 5881 main

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**CLIENT APPROVAL**

I HAVE REVIEWED THESE PLANS AND THEY CONFORM TO OUR REQUIREMENTS. I UNDERSTAND THAT ANY MODIFICATIONS TO THESE PLANS WILL RESULT IN ADDITIONAL CHARGES.

☐ APPROVED AS NOTED      ☐ APPROVED AS DRAWN

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

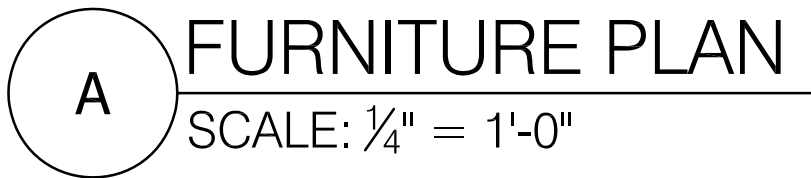
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REVISION HISTORY	
DATE	REVISION NOTES

VA MEDICAL CENTER
BUILDING 1 - 2A10

DRAWN BY:	JMATH
DATE:	9.11.13
REVISION DATE:	1.22.14
ACCOUNT MANAGER:	JF
Z-AXIS FILE NAME:	VA B1_2
ACAD FILE NAME:	VA B1_2

CORE:	12852
SHEET	OF



# FINAL