



Revisions	
No.	Date

I HEREBY CERTIFY THAT THIS PLAN, SPECIFICATION, OR REPORT WAS PREPARED BY ME OR UNDER MY DIRECT SUPERVISION AND THAT I AM A LICENSED PROFESSIONAL ENGINEER IN THE STATE OF MINNESOTA.

PRINT NAME: CHARLES J. SCOTT, M.A.
SIGNATURE: 
DATE: 7/1/2011
LICENSE # 18873

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NATIONAL CEMETERY ADMINISTRATION

Drawing Title		Project Title	
ADMINISTRATION BUILDING EXTERIOR ELEVATIONS		REPLACE ADMINISTRATION AND MAINTENANCE BUILDING AND SITE IMPROVEMENTS	
Approved Director, Office of Construction Management	Building Number	Checked GRJ	Drawn AM/PSH
Approved Director, Project Management Service	Location	EAGLE POINT NATIONAL CEMETERY EAGLE POINT, OH 91324	
Project No. 906CM3009		Drawing No. A-1001-3.1	
7-1-2011		Dep. 65 OF 161	

BID DOCUMENTS 7/1/2011