


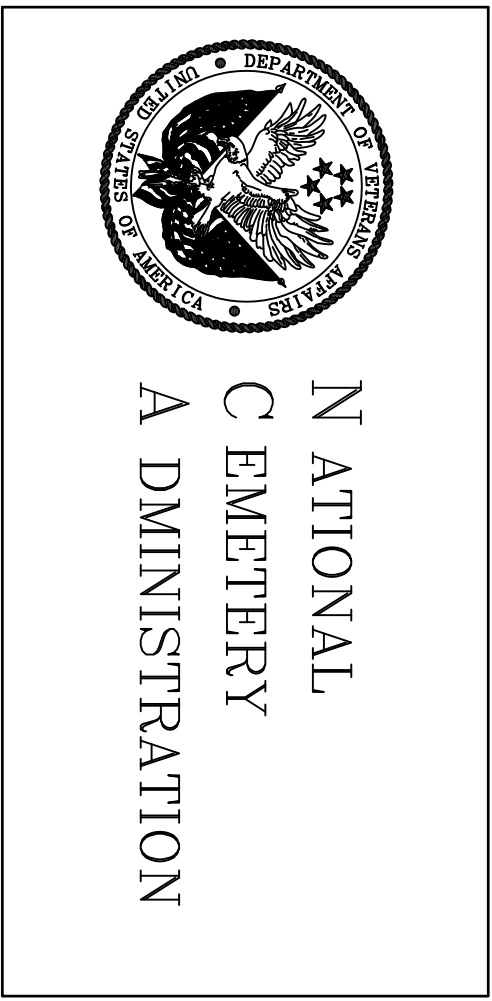
Revisions	Date

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.E.  
 SIGNATURE:   
 DATE: 7/1/2011 LICENSE # 18673

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Drawing Title	Project Title	Date
ADMINISTRATION BUILDING EXTERIOR DETAILS	REPLACE ADMINISTRATION AND MAINTENANCE BUILDING AND SITE IMPROVEMENTS	7-1-2011
Approved: Director, Office of Construction Management	Building Number	Project No. 9060M3009
Approved: Director, Project Management Service	Checked: GRJ	Drawn: ART/PSH
Location: EAGLE POINT NATIONAL CEMETERY 2183 RILEY ROAD EAGLE POINT, MN 56324	Location: EAGLE POINT NATIONAL CEMETERY EAGLE POINT, MN 56324	Dwg. No. 68 OF 181

**BID DOCUMENTS 7/1/2011**