

PHASING PLAN

GENERAL NOTES

1. PROJECT IS PHASED TO MAINTAIN OPERATIONS DURING THE RENOVATION.
2. CONSTRUCTION BARRIERS WILL BE GYP. WALL AND NOT POLY.
3. CONTRACTOR WILL PROVIDE THE CONTRACTING OFFICER OR THEIR REPRESENTATIVE TWO WEEK NOTICE PRIOR TO START OF NEXT PHASE.
4. PHASES 1, 2, 3, AND 4 ARE PART OF BASE BID. ALL OTHER PHASES WILL BE INCLUDED IN SEPARATELY PRICED BID ITEMS. SEE BID SCHEDULE FOR DETAIL.
5. EACH PHASE OF WORK WILL BE INSPECTED AND ACCEPTED BY THE VA BEFORE WORK CAN BEGIN ON THE NEXT PHASE. A BENEFICIAL OCCUPANCY DATE WILL BE ASSIGNED FOR EACH PHASE OF WORK ON THE DATE IT IS ACCEPTED BY THE VA.
6. TWO WEEK NOTICE IS REQUIRED TO SCHEDULE MOVES TO VACATE A PHASE OF WORK SHOWN. THE CONTRACTOR SHALL ALLOW FOR THREE CALENDAR DAYS BETWEEN THE ACCEPTANCE OF THE SPACE BY THE VA AND WHEN THE NEXT PHASE OF WORK IS TURNED OVER TO THE CONTRACTOR.

REVISIONS	DATE

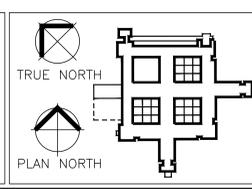
GENERAL NOTES:

GENERAL CONTRACTOR AND/OR ALL SUBCONTRACTORS SHALL FIELD VERIFY ALL DIMENSIONS SHOWN ON THESE PLANS AND SHALL BE RESPONSIBLE FOR VARIATIONS BETWEEN PLAN DIMENSIONS AND ACTUAL FIELD DIMENSIONS. WHERE VARIATIONS ARE FOUND TO OCCUR, THE CONTRACTOR SHALL NOTIFY THE PROJECT ENGINEER IN WRITING PRIOR TO PROCEEDING WITH CONSTRUCTION; NO ADJUSTMENT TO THE WORK WILL BE MADE WITHOUT THE PRIOR APPROVAL OF THE PROJECT ENGINEER.

GENERAL CONTRACTOR SHALL BE RESPONSIBLE FOR GENERAL DEMOLITION INCLUDING REMOVAL OF WALLS, PARTITIONS, DOORS & CEILING & FLOORS. ANY AND ALL CUTTING OF CONCRETE FLOORS, WALLS OR STRUCTURE SHALL BE THE GENERAL CONTRACTOR'S RESPONSIBILITY. CORE DRILLING THROUGH CONCRETE WALLS, FLOORS OR STRUCTURE FOR PIPING OR CONDUIT SHALL BE THE RESPONSIBILITY OF THE SUBCONTRACTOR BY TRADE. FIRESTOPPING OF THESE OPENING SHALL BE DONE BY THE RESPECTIVE SUBCONTRACTOR. REMOVAL OF DEBRIS RESULTING FROM DEMOLITION, CUTTING, AND/OR DRILLING IS THE RESPONSIBILITY OF THE GENERAL CONTRACTOR. PATCHING AND REPAIR OF CONCRETE WALLS, FLOOR, OR STRUCTURE SHALL BE THE RESPONSIBILITY OF THE GENERAL CONTRACTOR; THIS WILL BE ACCOMPLISHED UPON COMPLETION OF THE INSTALLATION OF ANY AND ALL UTILITIES INSTALLED BY THE VARIOUS SUBCONTRACTORS.

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

REGISTRATION NUMBER: _____



Drawing Scale
1/8" = 1'-0"

Plot Scale
12" = 1'-0"

Drawing Title
PHASING PLAN

Approved: Division Chief _____

Approved: Service Director _____

Project Title
MOHS RENOVATION

Location
V.A. MEDICAL CENTER
ONE VETERANS DRIVE
MINNEAPOLIS, MN 55417

Project No.
618-12-135

Building Number
70

DRAWING NO.
1247-A4

Dwg. 5 of 12

Office of Facilities Management

Department of Veterans Affairs