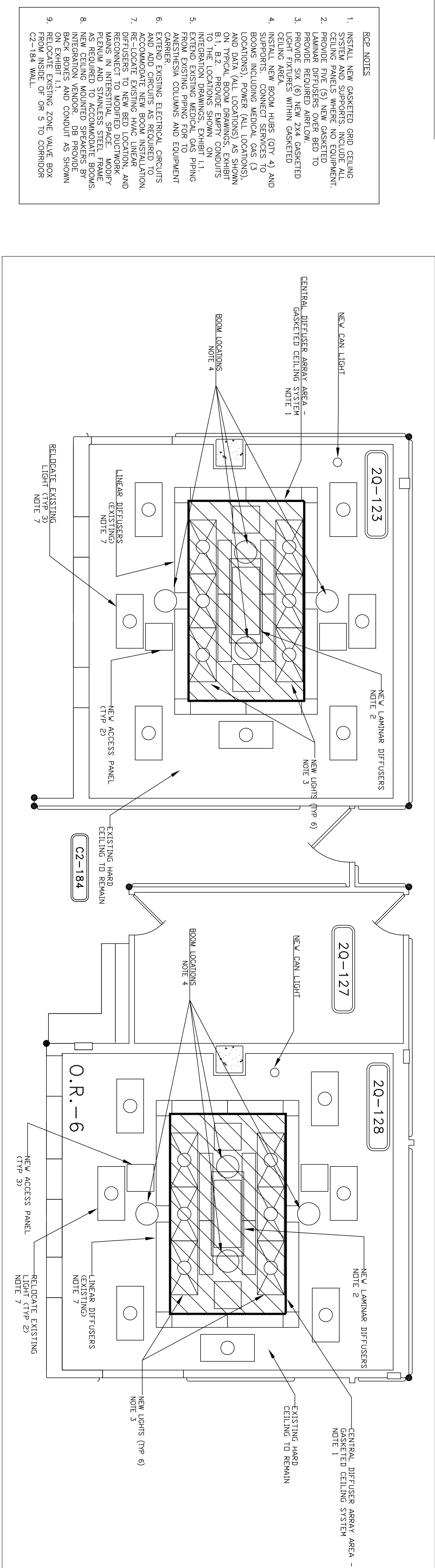
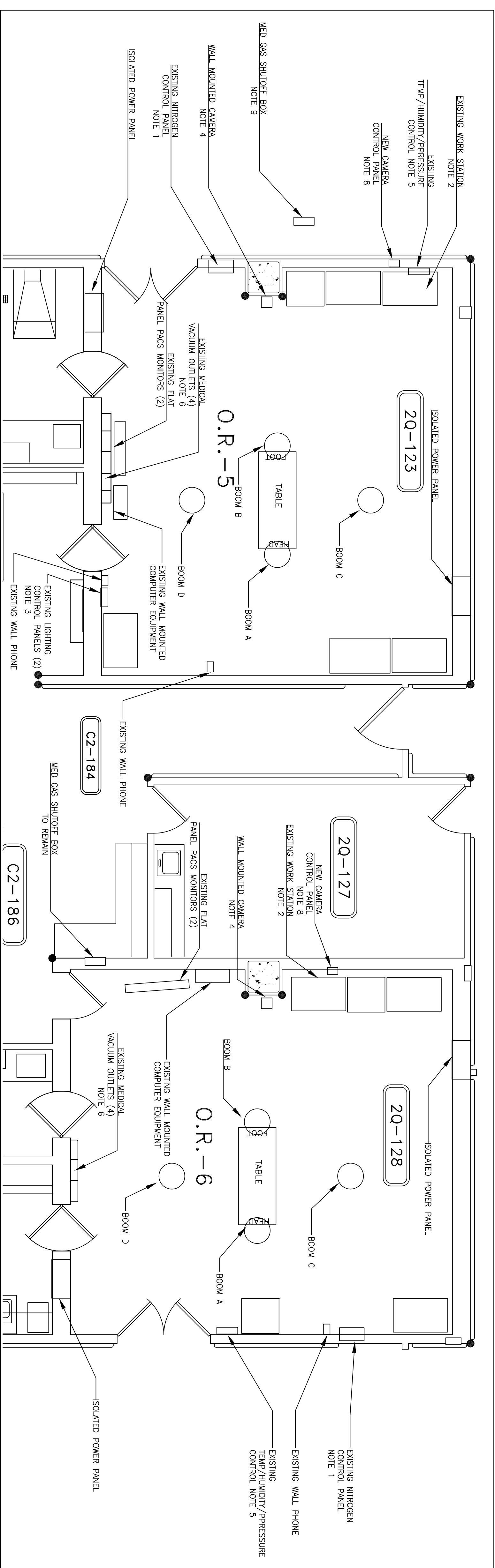


1. REMOVE CEILING AND SUPPORT SYSTEM
2. REMOVE 24" FLOURESCENT LIGHTS
3. SUPPORTS AND ASSOCIATED POWER WIRING
4. REMOVE CEILING MOUNTED MEDICAL GAS OUTLETS AND ASSOCIATED PIPING.
5. REMOVE CEILING MOUNTED ELECTRICAL OUTLETS AND ASSOCIATED POWER
6. REMOVE SUPPLY DIFFUSERS AND DUCTWORK BELOW INTERSTITIAL FLOOR
7. SPRINKLER HEADS TO BE RELOCATED AS REQUIRED TO ACCOMMODATE NEW CEILING LAYOUT.

2 OR 5 & 6 DEMO PLAN
1/4" = 1'-0"



2 OR 5 & 6 REFLECTED CEILING PLAN - NEW
K" = 1'-0"



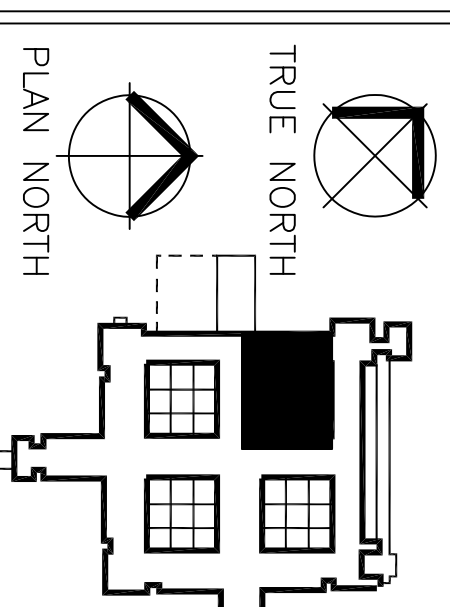
- FLOOR PLAN NOTES:

1. REMOVE WALL MOUNTED NITROGEN REQUIRED PANEL. PATCH WALL AS REQUIRED.
2. INTEGRATION WORK STATION TO BE LOCATED NEARBY SEE EXHIBIT 1.1 FOR DETAILS.
3. REMOVE EXISTING LIGHTING CONTROL PANELS AND INSTALL NEW PANELS. EXHIBIT B.2 FOR REQUIREMENTS.
4. NEW WALL MOUNTED CAMERA BY BACK BOXES AND CONDUIT PROVIDE BACK BOXES AND CONDUIT PROVIDE
5. REMOVE EXISTING TEMPERATURE, HUMIDITY AND PRESSURE TRANSDUCERS AND ASSOCIATED DATA REORDER, INSTALL NEW DDC DEVICES AND WIRING TO BUILDING AUTOMATION SYSTEM.
6. EXISTING MEDICAL VACUUM OUTLETS TO BE REMOVED.
7. PROVIDE NEW FLUSH-MOUNTED, ISOLATED INSULATED POWER PANEL, BY MEDICAL EQUIPMENT MANUFACTURER. SEE EXHIBIT B.2 FOR REQUIREMENTS.

[illegible]

GENERAL
NOTES:

- [illegible]



<p>1 HEREBY CERTIFY THAT THIS PLAN, SPECIFICATION OR REPORT WAS PREPARED BY ME OR UNDER MY DIRECT SUPERVISION AND THAT I AM UNDER THE LAWS OF THE STATE OF MINNESOTA.</p> <p>REGISTRATION NUMBER:</p>	<p>Drawing Scale</p> <p>VARIABLES</p> <p>Plot Scale</p> <p>1"2" = 1'-0"</p>
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Drawing Title
OR PLANS - DEMOLITION
AND NEW

Project Title

INSTALL OR BOOMS

PHASE 2

Project No.	618-12-30
Building Number	

Dwg. of
EX A.2
DRAWING NO.