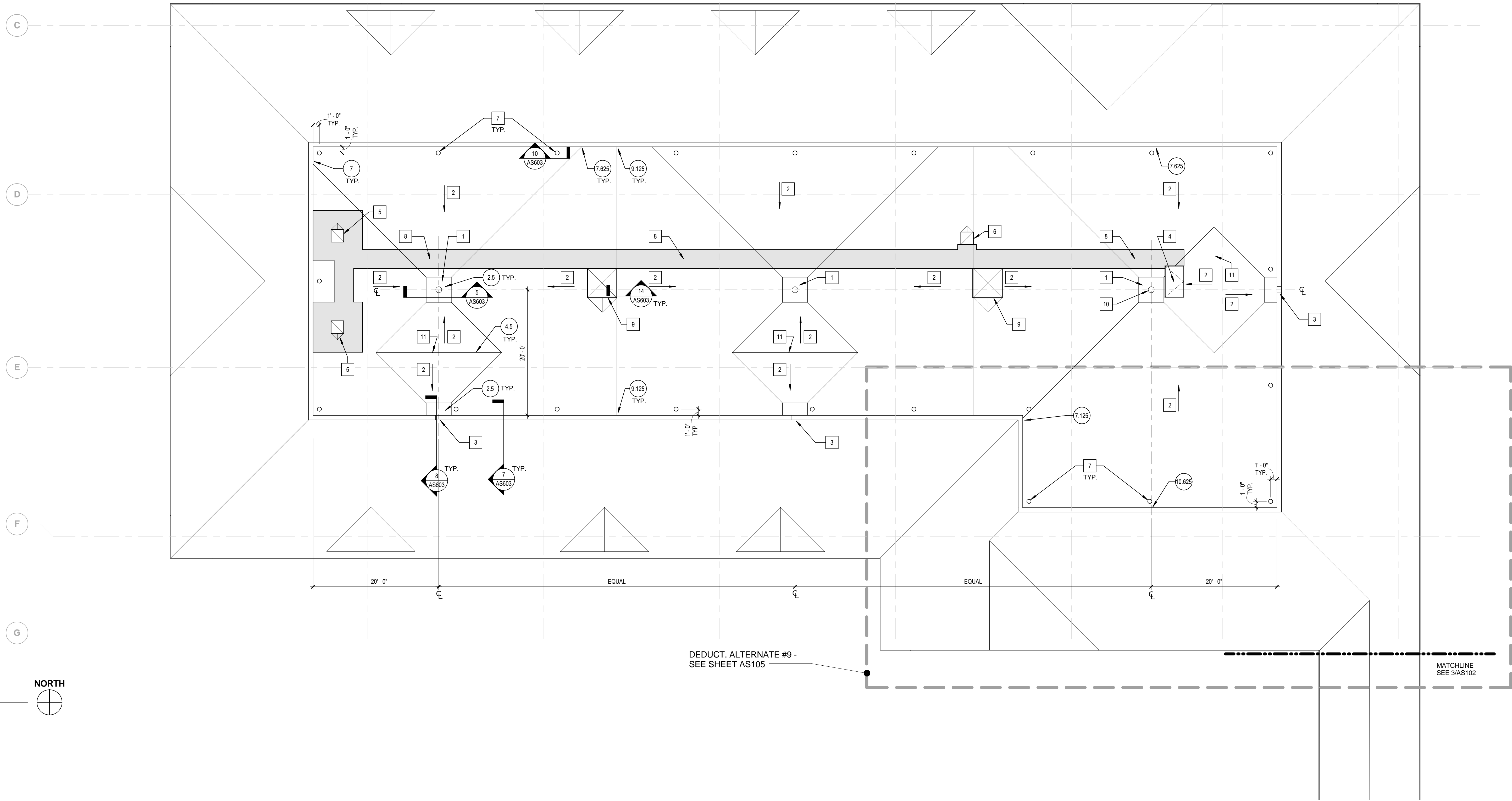


2 ROOF PLAN - BIRD'S EYE VIEW - FOR REFERENCE

ROOF PLAN LEGEND:
(7.625) = INSULATION THICKNESS IN INCHES

ROOF PLAN NOTE BLOCK	
Keynote Number	Description
1	PROVIDE MINIMUM 2-1/2" THICKNESS INSULATION OR GREATER AS REQUIRED AT 4'-0" x 4'-0" DRAIN SUMP PORTION TO PERMIT INSTALLATION OF DRAINS, FLASHINGS, FLANGES, ETC. TYPICAL. SIMILAR AT OVERFLOW SCUPPER - 2'-0" x 4'-0"
2	TAPERED INSULATION SYSTEM (INSUL-1) 1/4" PER FOOT PITCH, 2-1/2" MINIMUM LOW EDGE AT DRAIN SUMP
3	OVERFLOW SCUPPER, ALIGN SCUPPER TO CENTERLINE OF ROOF DRAIN
4	ROOF HATCH - 2'-6" WIDE x 4'-6" DEEP
5	PRV - SEE MECHANICAL DRAWINGS. CRICKET AS REQUIRED
6	DRYER VENT EXHAUST - SEE MECHANICAL DRAWINGS. CRICKET AS REQUIRED
7	TIE-OFFS AT 20'-0" O.C. MAXIMUM. REFER TO STRUCTURAL DRAWINGS AND ARCHITECTURAL DETAILS. PAINT EXPOSED PORTIONS.
8	PROVIDE 3'-0" WIDE ADHERED WALKWAY MATERIAL FOR EQUIPMENT ACCESS
9	LOUVERED PENTHOUSE - SEE MECHANICAL. LOCATE OPENING PER STRUCTURAL. CRICKET AS REQUIRED
10	THIS ROOF DRAIN LOCATION DETERMINES LAYOUT OF ROOFDRAINS & INSULATION. VERIFY WITH MECHANICAL
11	HIGH POINT SHALL BE 2" ABOVE THE ROOF DRAIN INLET.



1 ROOF PLAN
1/8" = 1'-0"



100% OWNER REVIEW
NOT FOR CONSTRUCTION
12/16/2011



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I hereby certify that this plan, specification or report was prepared by me or under my direct supervision and that I am a duly licensed Architect under the laws of the State of Minnesota.

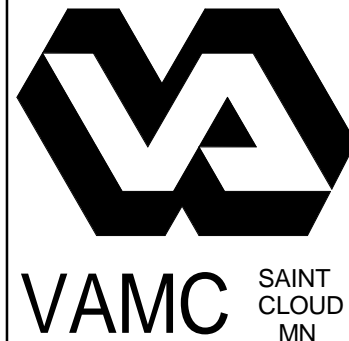
Signature _____
Registration No. _____
Date _____

APPROVED SERVICE LINE DIRECTOR	DATE	APPROVED INFECTION CONTROL NURSE	DATE
APPROVED GEMS COORDINATOR	DATE	APPROVED PATIENT SAFETY	DATE
APPROVED PROJECTS SECTION MANAGER	DATE	APPROVED CHIEF OF POLICE	DATE
APPROVED DIRECTOR FMS	DATE	APPROVED SAFETY MANAGER	DATE

ROOF PLAN	DATE
APPROVED CHIEF OF STAFF	DATE
APPROVED MEDICAL CENTER DIRECTOR	DATE

PROJECT TITLE LONG TERM / INTERMEDIATE PSYCHIATRIC UNIT	BUILDING No.	CHECKED BY	DRAWN
4801 VETERANS DRIVE, ST CLOUD MN		Author	

DATE 12/16/2011	PROJECT NO. 2022.001.00	CAD FILE
1/8" = 1'-0"		



1/8" = 1'-0"