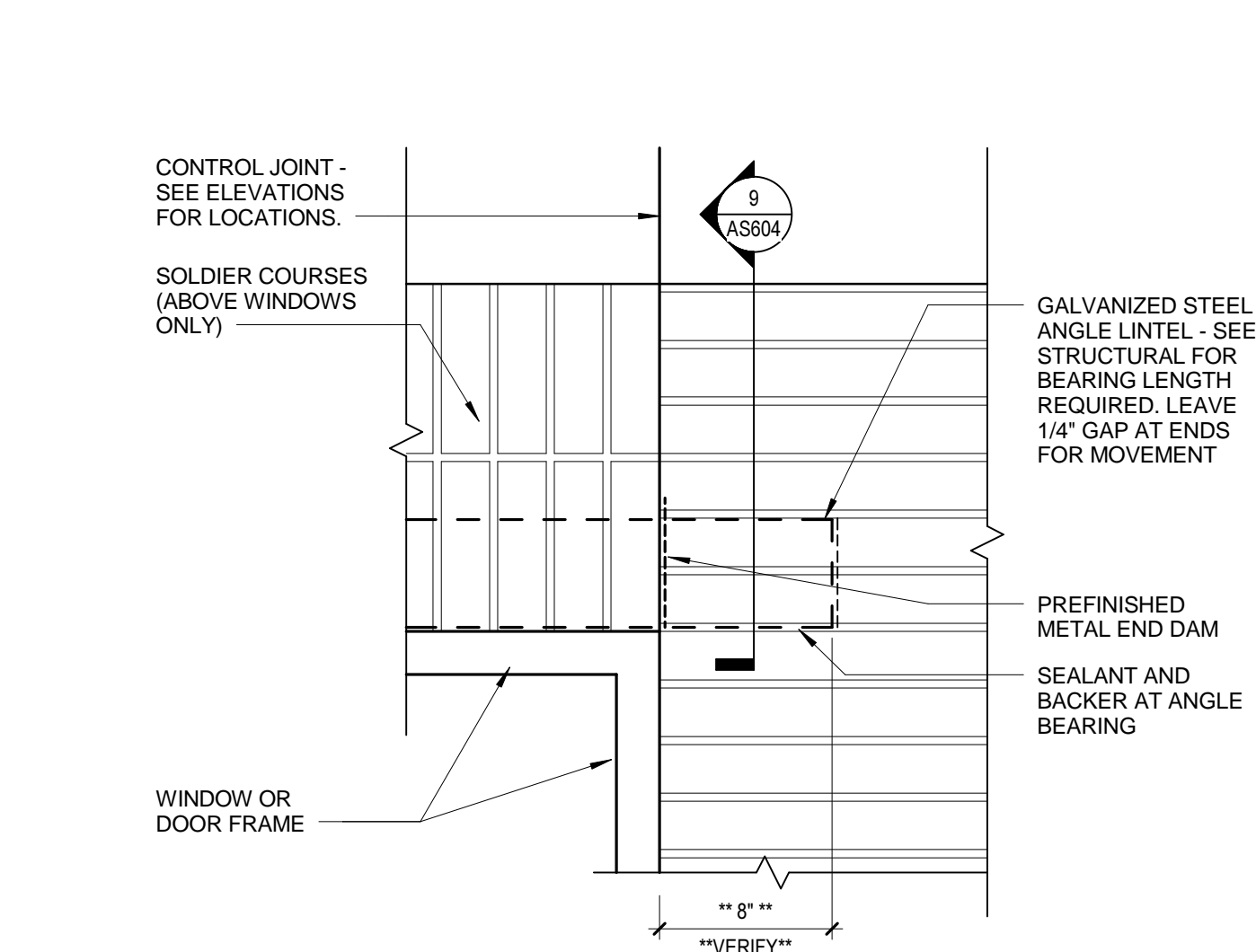
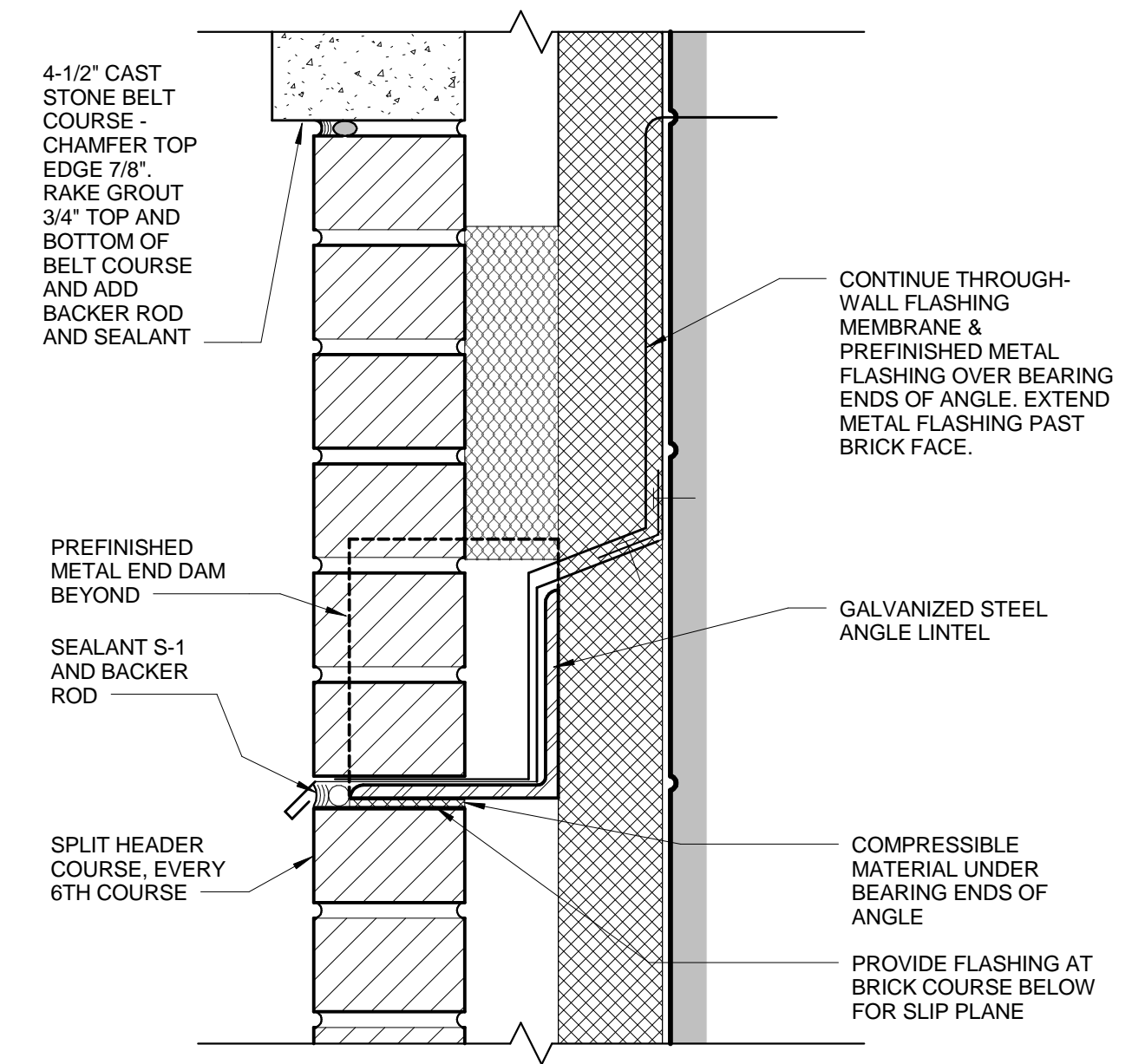


1 GABLE END AT MIDSIZE AND LARGE BRICK GABLES
1 1/2\" = 1'-0"

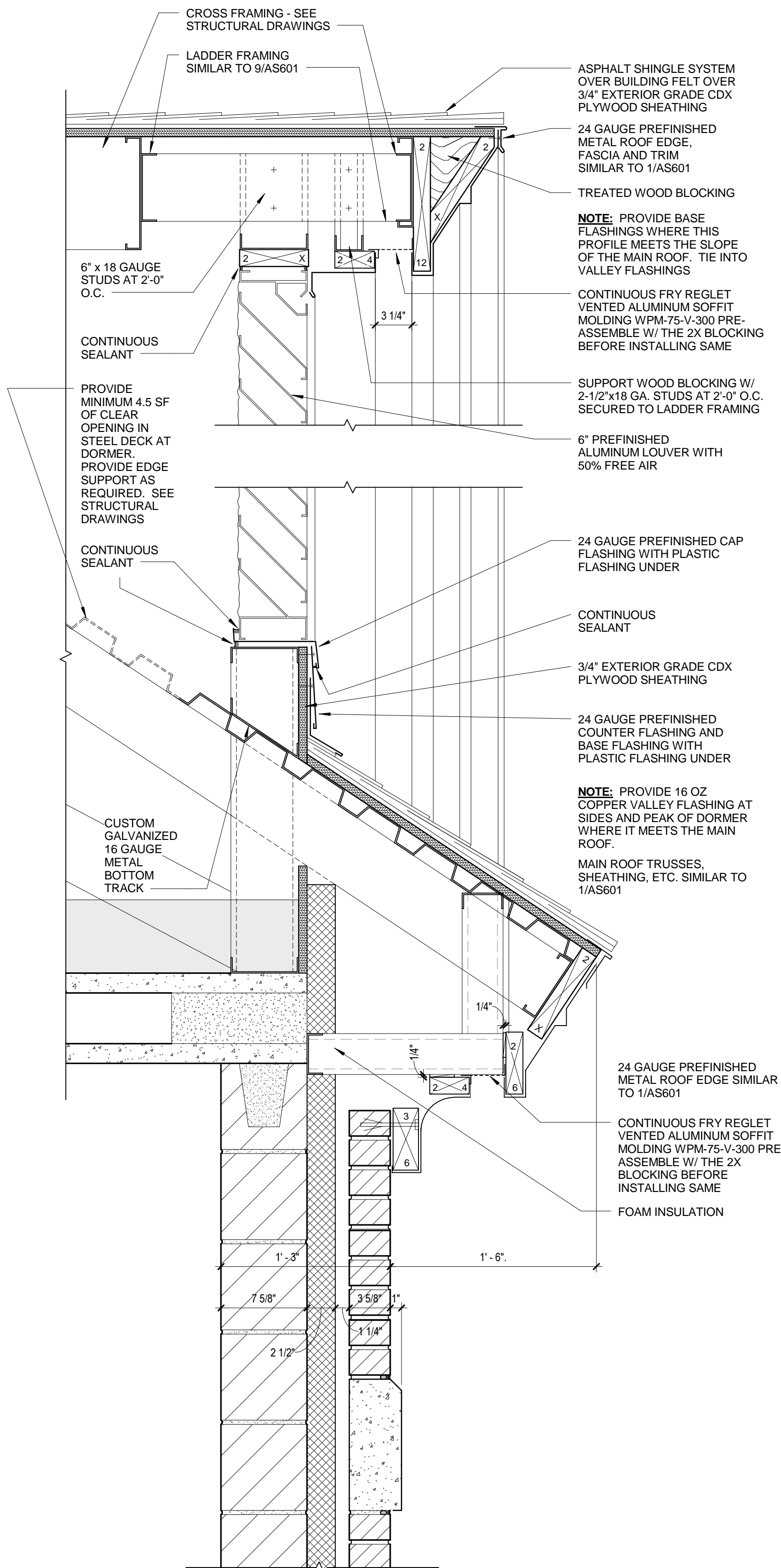


8 ELEVATION AT SLIP JOINT AT DOOR AND WINDOW LINTELS
1 1/2\" = 1'-0"

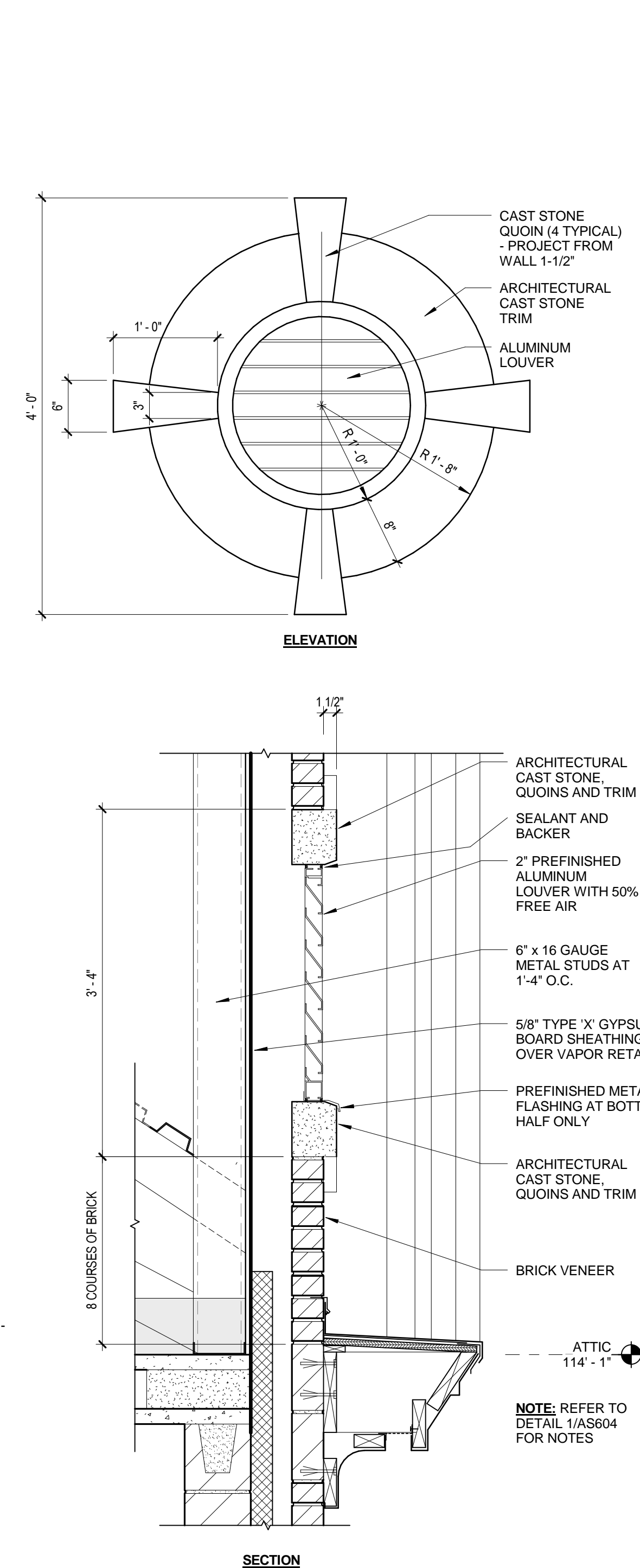


9 SLIP JOINT DETAIL
3\" = 1'-0"

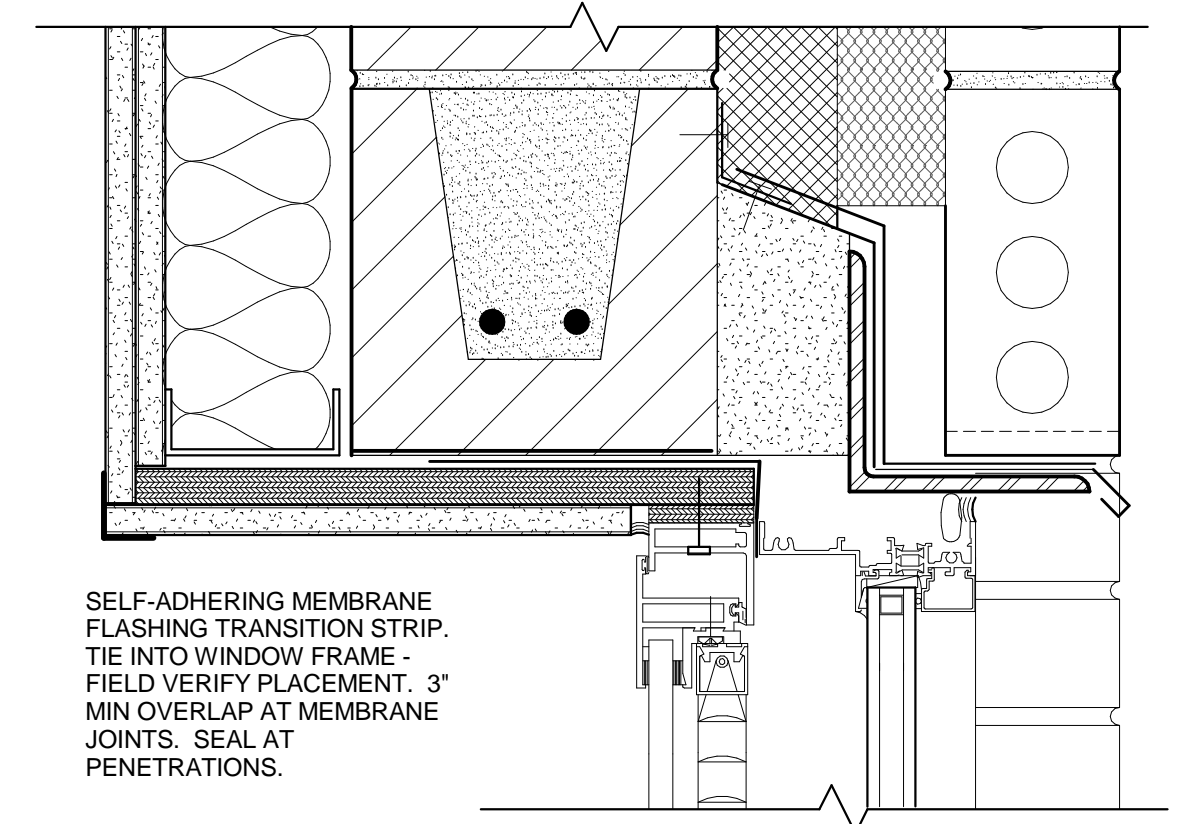
2/AS604
NOT USED



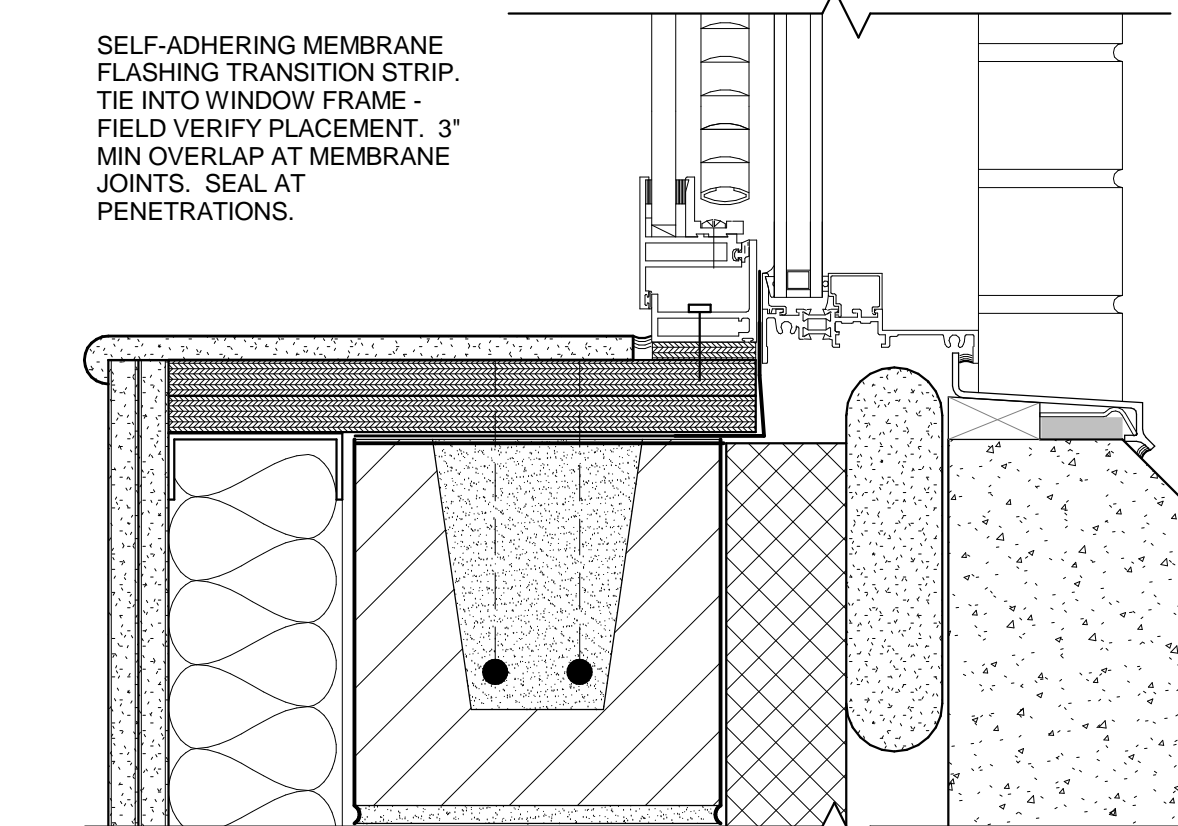
3 SECTION AT DORMER LOUVER
1 1/2\" = 1'-0"



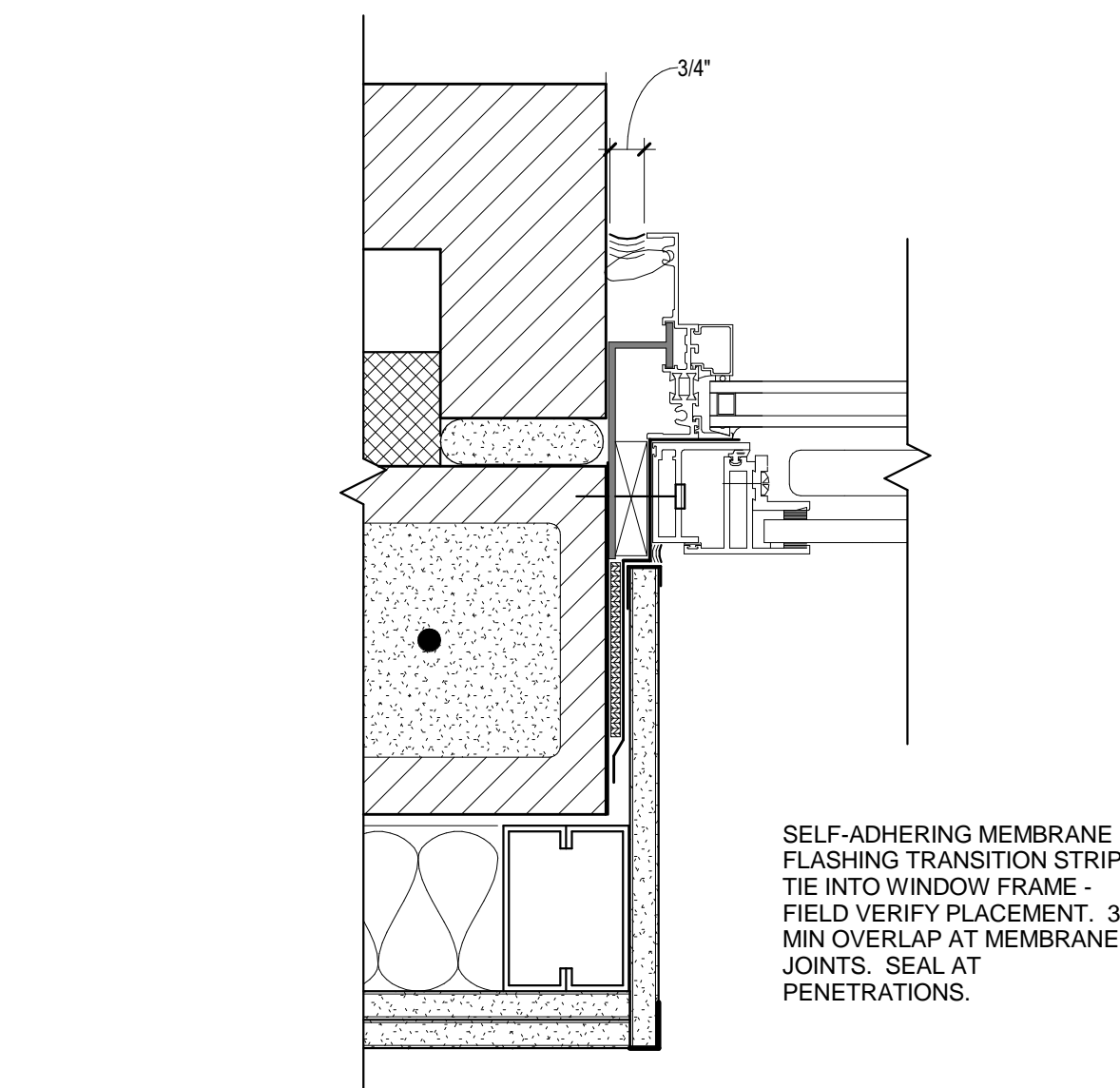
4 ARCHITECTURAL ROUNDEL
1\" = 1'-0"



5 FLASHING TERMINATION DETAIL AT HEAD TYPICAL
3\" = 1'-0"



6 FLASHING TERMINATION DETAIL AT SILL TYPICAL
3\" = 1'-0"



7 FLASHING TERMINATION DETAIL AT JAMB TYPICAL
3\" = 1'-0"

100% OWNER REVIEW
NOT FOR CONSTRUCTION
12/18/2011



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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 GENM COORDINATOR	DATE	APPROVED PATIENT SAFETY	DATE
APPROVED PROJECTS SECTION MANAGER	DATE	APPROVED CHIEF OF POLICE	DATE
APPROVED DIRECTOR FMS	DATE	APPROVED SAFETY MANAGER	DATE

DRAWING TITLE	EXTERIOR DETAILS
APPROVED CHIEF OF STAFF	DATE
APPROVED MEDICAL CENTER DIRECTOR	DATE

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

DATE	12/18/2011
PROJECT NO.	1007801.00
CAD FILE	AS604

