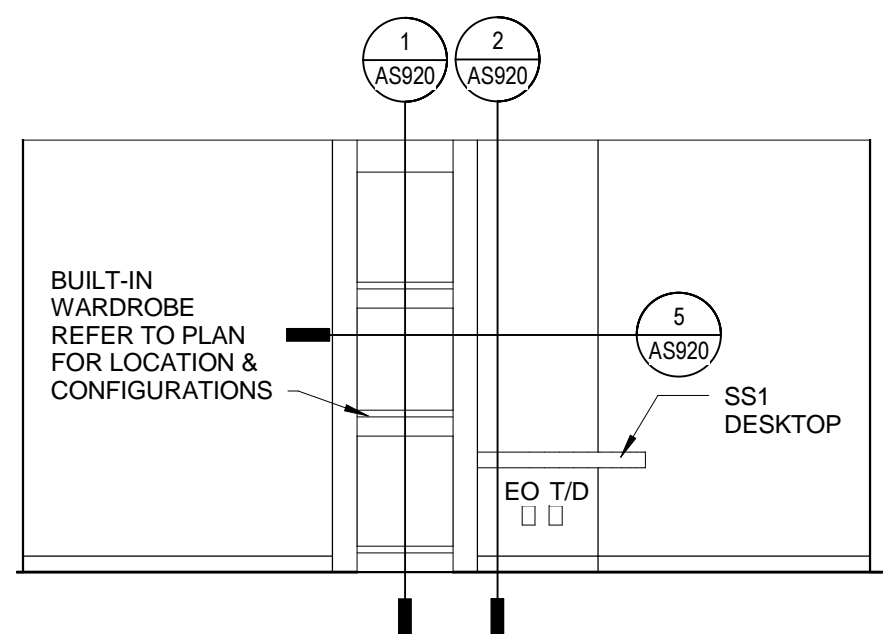
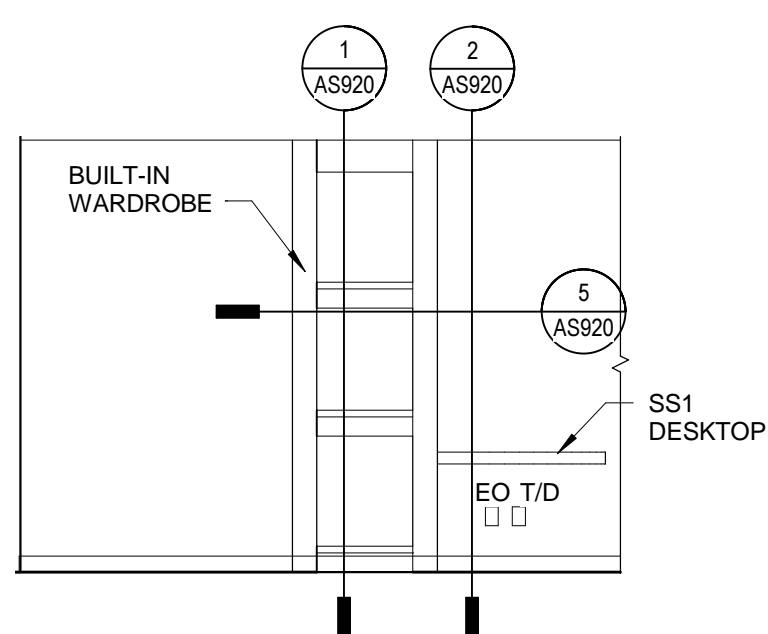


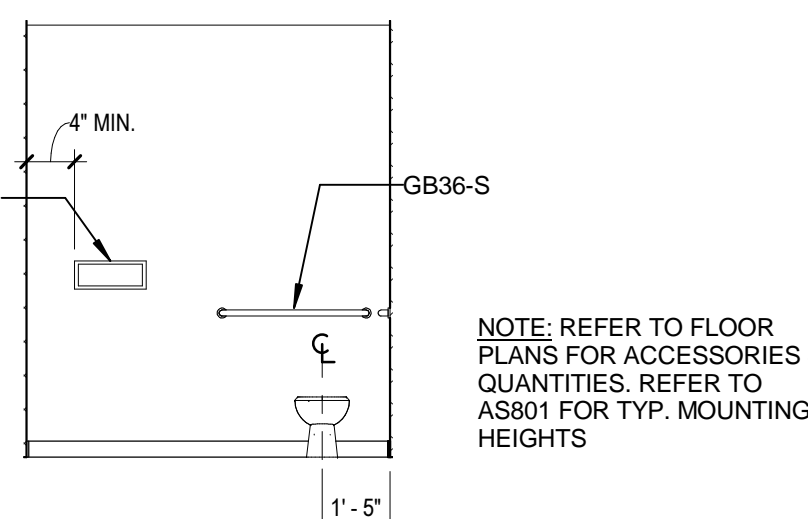
**1** CORRIDOR - TYPICAL  
1/4" = 1'-0"



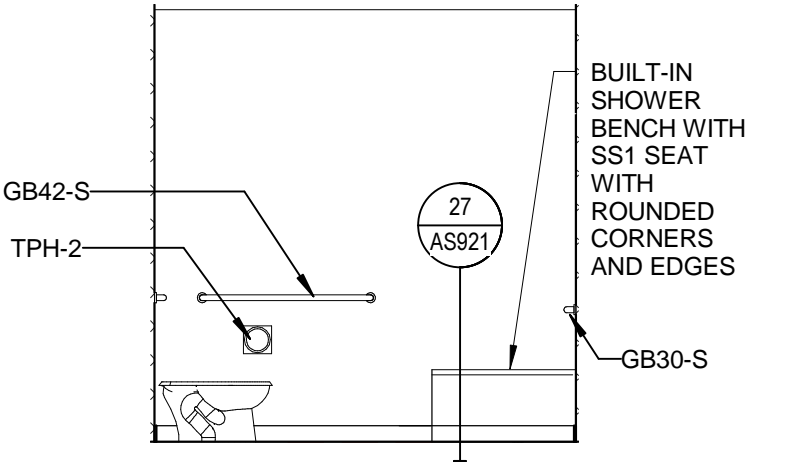
**3** SEMI-PRIVATE, TYPICAL  
1/4" = 1'-0"



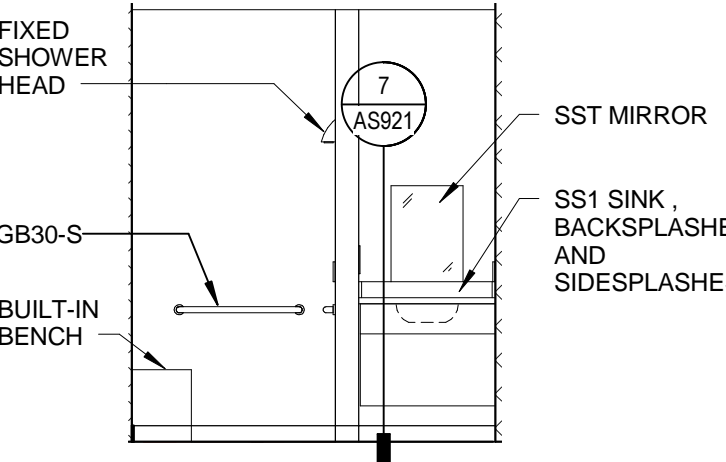
**4** PATIENT ROOM, TYPICAL  
1/4" = 1'-0"



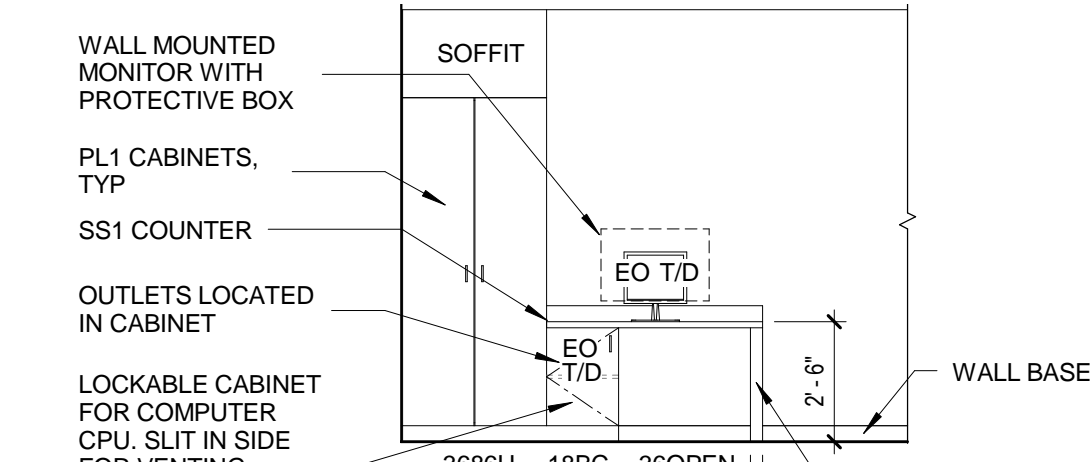
**5** PATIENT TOILET - TYPICAL  
1/4" = 1'-0"



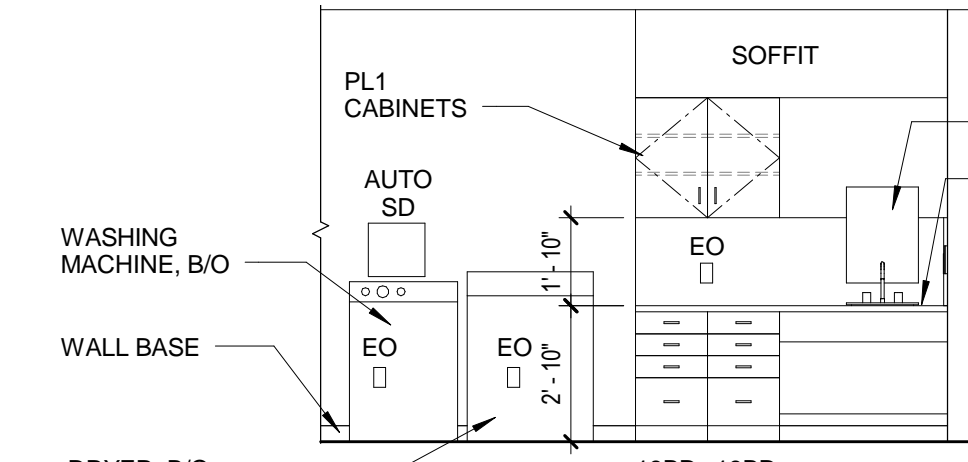
**6** PATIENT TOILET  
1/4" = 1'-0"



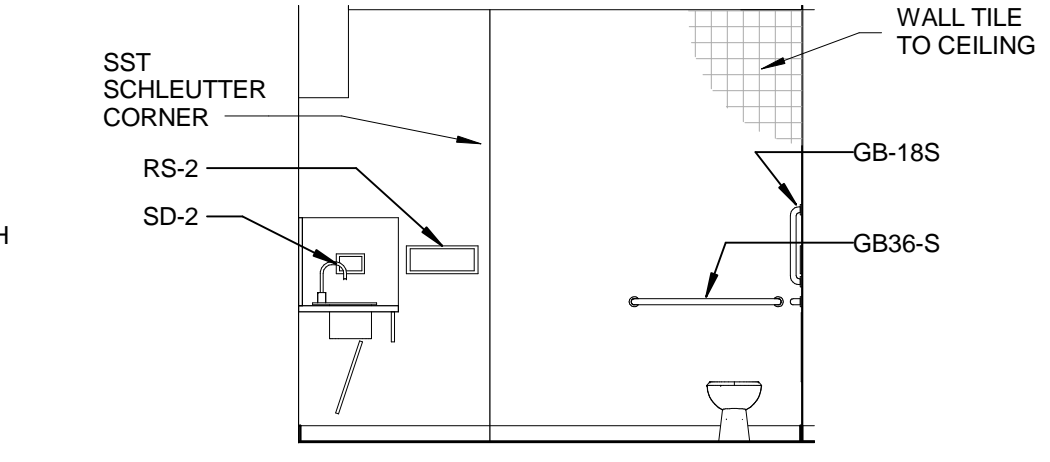
**7** PATIENT TOILET  
1/4" = 1'-0"



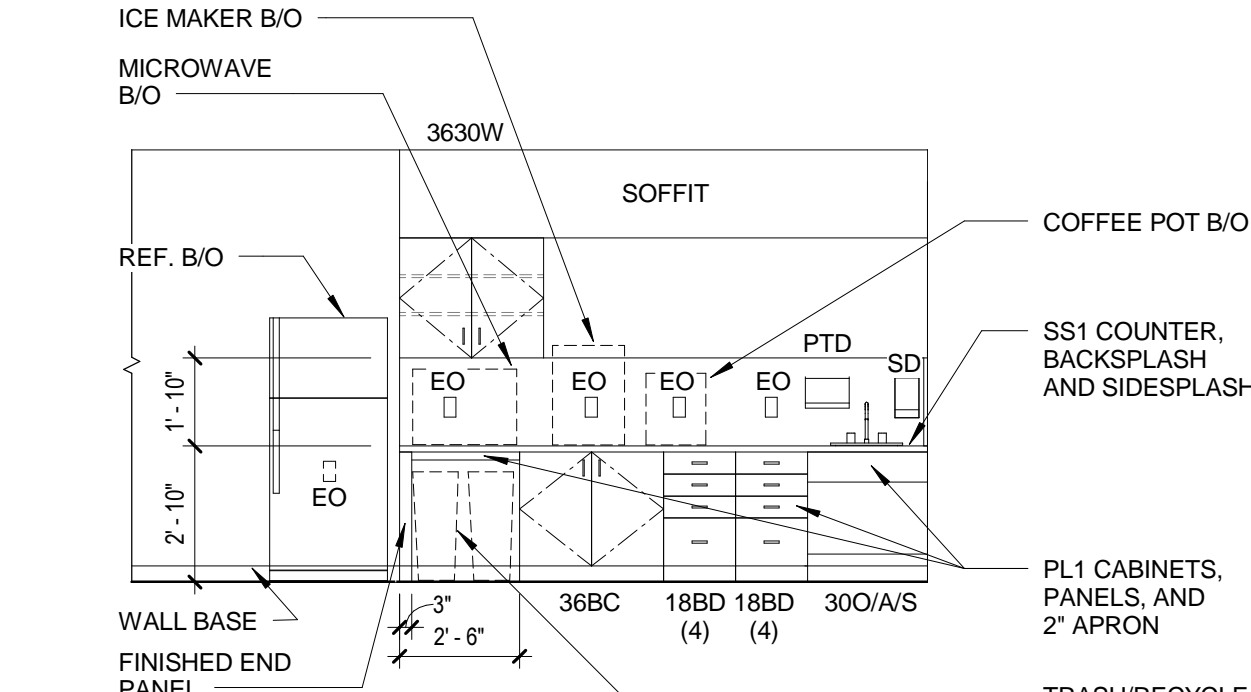
**8** GROUP THERAPY, LOOKING SOUTH  
1/4" = 1'-0"



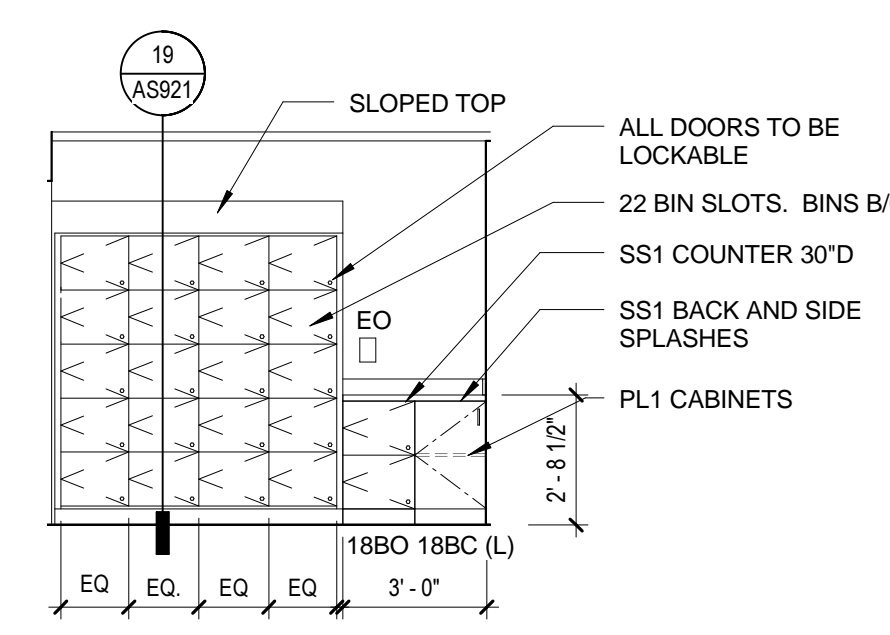
**9** LAUNDRY / TUB, LOOKING WEST  
1/4" = 1'-0"



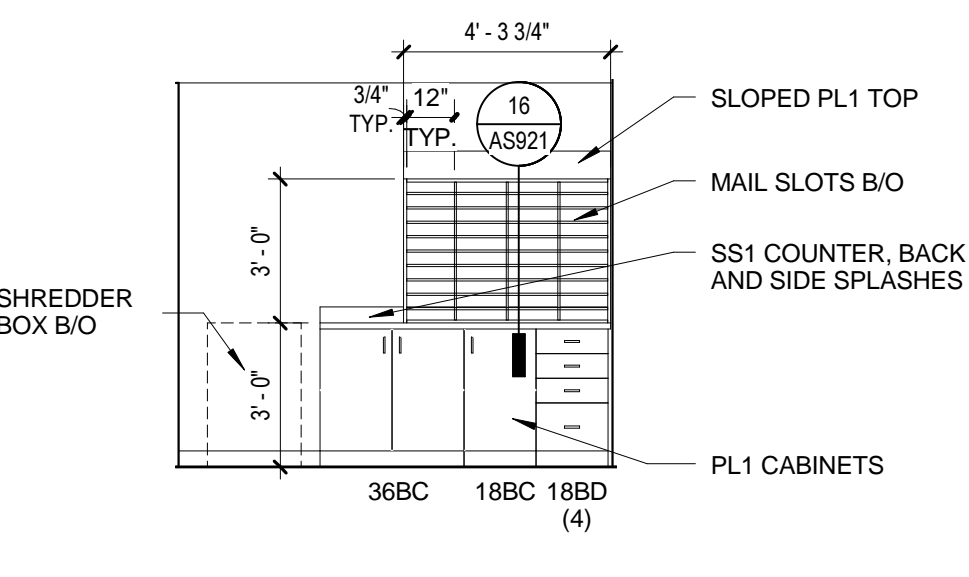
**10** LAUNDRY/TUB, LOOKING SOUTH  
1/4" = 1'-0"



**11** STAFF LOUNGE  
1/4" = 1'-0"



**12** COPY  
1/4" = 1'-0"

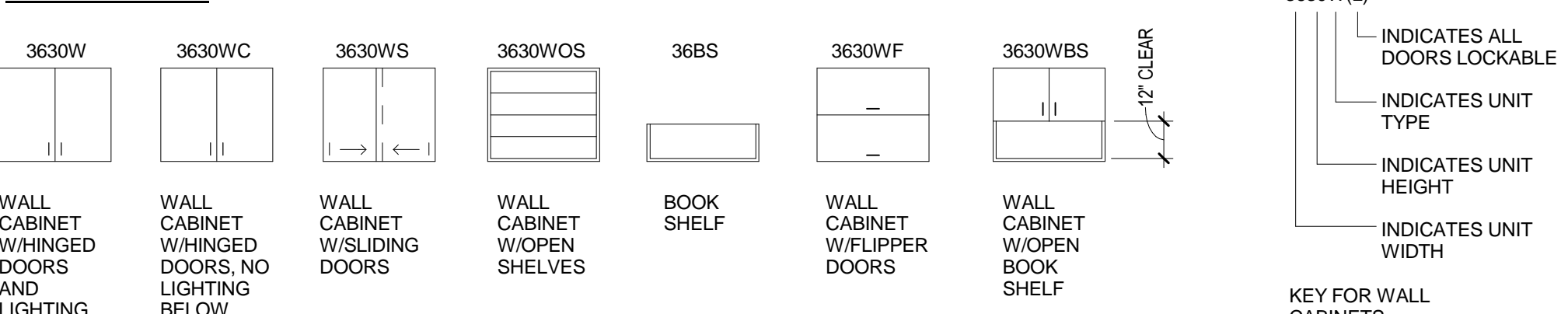


**13** COPY  
1/4" = 1'-0"

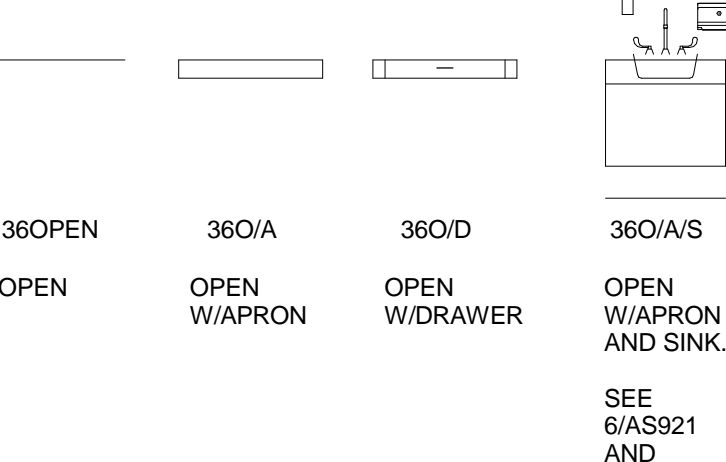
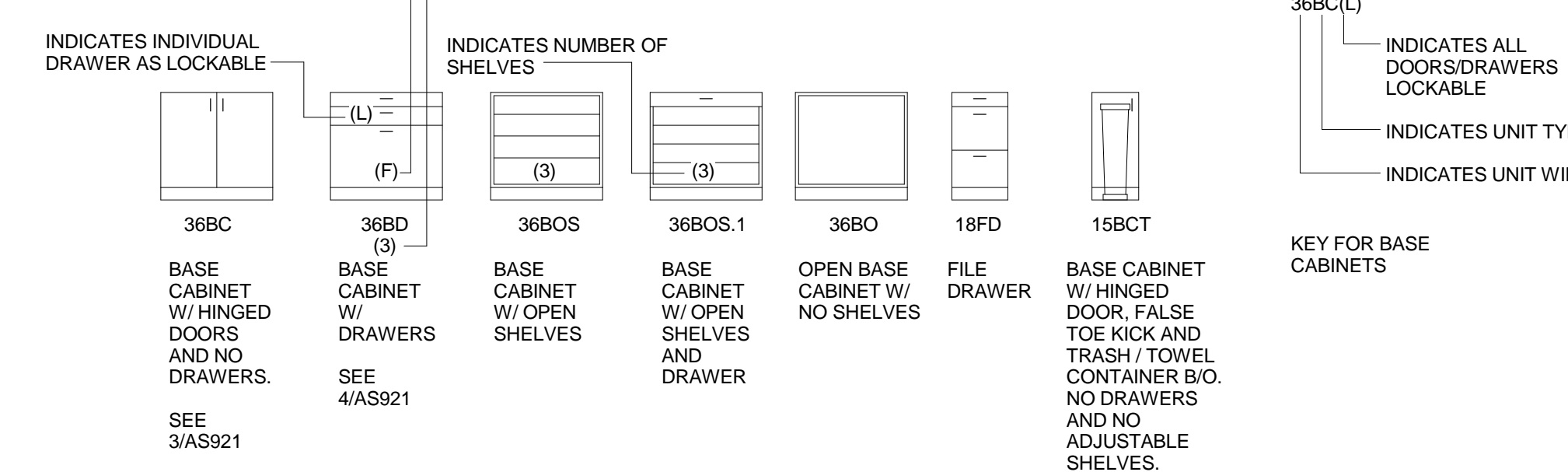
**CASEWORK NOTES**

1. FIELD VERIFY DIMENSIONS AND CONDITIONS.
2. CABINETS SHOWN ARE TYPICAL AND ALL MAY NOT BE USED.
3. SEE INTERIOR ELEVATIONS FOR FILLERS AND SLOPING TOPS.
4. CLEAR INTERIOR DEPTH OF CABINETS: WALL-14\"/>

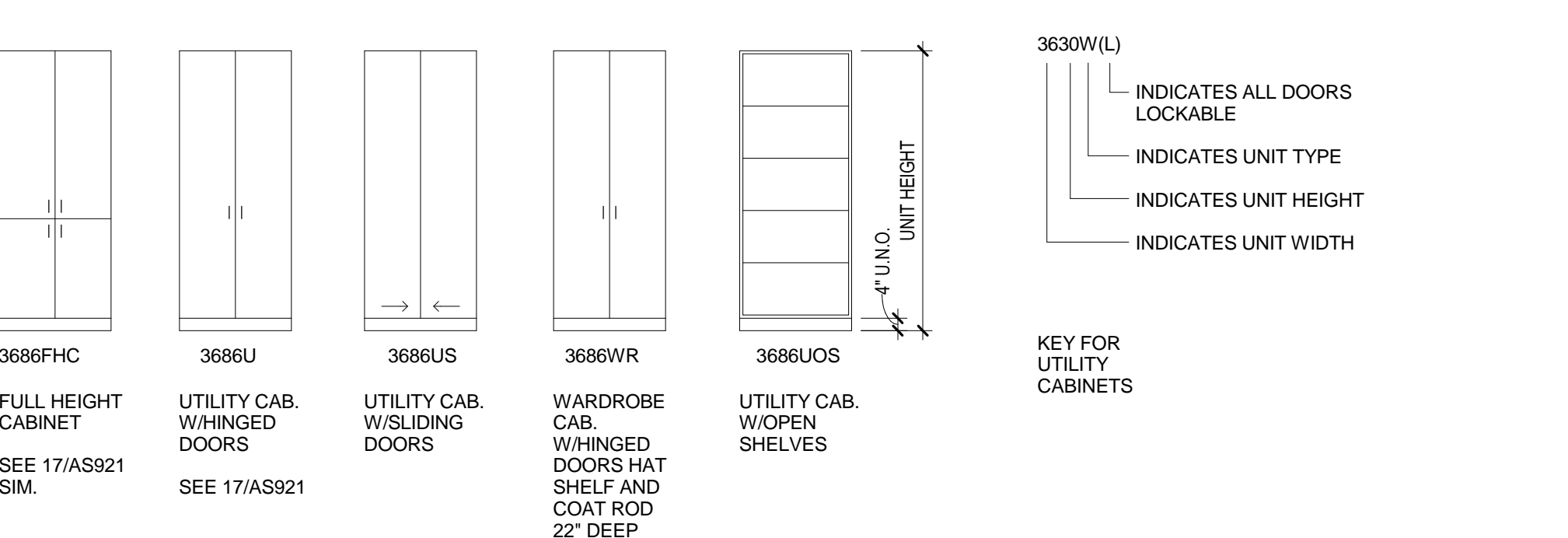
**WALL CABINETS**



**BASE CABINETS**



**UTILITY CABINETS**



SCALE: 1/4" = 1'-0"

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



**RSP Architects**  
1220 Marshall Street NE  
Minneapolis  
Minnesota 55413-1036  
612.677.7100  
612.677.7499 fax  
www.rsparch.com

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**CONSULTANTS:**

**Structural**  
Van Sickle, Allen & Assoc.  
2955 Xenium Lane N  
Suite 110  
Plymouth, MN 55441

**MEP**  
Dunham Associates  
50 South Sixth Street  
Suite 1100  
Minneapolis, MN 55402

**Fire Protection**  
Gary Travinski Associates  
Engineering  
94 Boston Hill  
Larksville, PA 18651-3298

**Landscaping**  
Damon Farbar Assoc.  
823 Nicollet Mall  
Minneapolis, MN 55402

**Civil**  
EVS  
10250 Valley View Road  
Suite 113  
Eden Prairie, MN 55344

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 GENE 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	INTERIOR ELEVATIONS
APPROVED CHIEF OF STAFF	DATE
APPROVED MEDICAL CENTER DIRECTOR	DATE

PROJECT TITLE LONG TERM / INTERMEDIATE PSYCHIATRIC UNIT		
BUILDING No	CHECKED BY Checker	DRAWN Author
LOCATION		

DATE	12/16/2011
PROJECT NO.	2022.001.00
CAD FILE	
DRAWING NO.	A5902

