



PRECAST FRAMING PLAN NOTES:
1. REFER TO THE GENERAL STRUCTURAL NOTES ON SHEET S1.
2. TOP OF PRECAST ELEVATION (TPCE)=113'-11".
3. ——— DENOTES TYPICAL SPAN DIRECTION FOR PRECAST OR METAL DECK, SEE PLAN.

1
S4
ATTIC FLOOR FRAMING PLAN
1/8" = 1'-0"

NOT FOR CONSTRUCTION

No. _____

REVISION _____

DATE _____

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ARRAY
healthcare facilities solutions

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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 FUTURE FIRST FLOOR FRAMING PLAN	
APPROVED: CHIEF OF STAFF	DATE: _____
APPROVED: MEDICAL CENTER DIRECTOR	DATE: _____

PROJECT TITLE ST. CLOUD VA HEALTH CARE SYSTEM	
BUILDING No.	CHECKED BY
KW	RPO
LOCATION 4801 VETERANS DRIVE, ST CLOUD MN	

DATE 12/16/11	DRAWN RPO
PROJECT NO. 2022.001.00	CAD FILE
DRAWING NO. S4	CHGS. OF

VAMC SAINT CLOUD MN