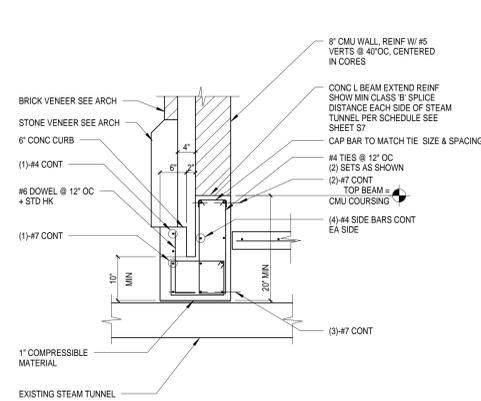
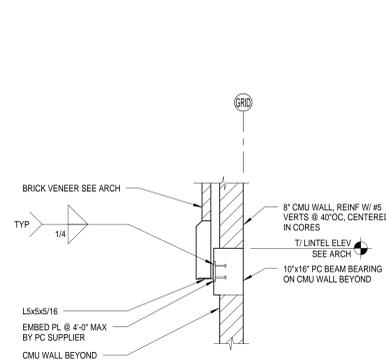


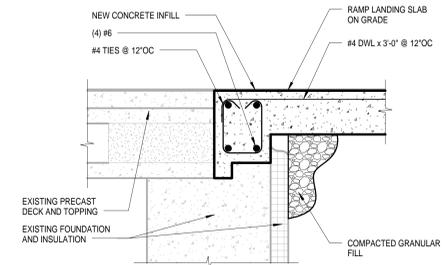
1 SECTION @ EXISTING STEAM TUNNEL
1/2" = 1'-0"



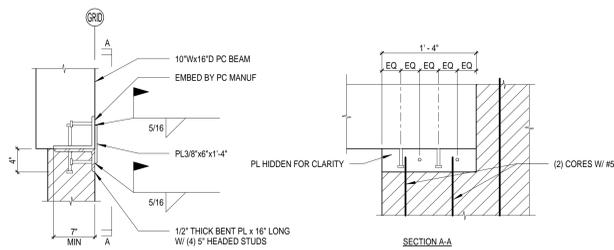
2 S9-2
3/4" = 1'-0"



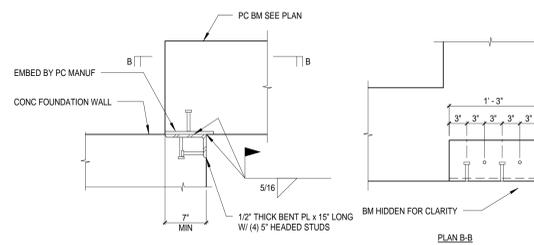
3 PRECAST BM OVER MECH LOUVERS
1/2" = 1'-0"



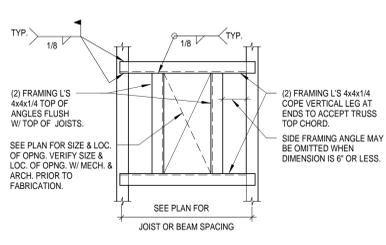
4 CONNECTION LINK FLOOR AT BUILDING #111
1 1/2" = 1'-0"



5 PRECAST BM OVER MECH LOUVERS
1" = 1'-0"



6 PRECAST BM OVER MECH LOUVERS
1" = 1'-0"



7 TYPICAL ROOF OPENING SUPPORT FRAME
3/4" = 1'-0"

NOT FOR CONSTRUCTION



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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 GENIE 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 FRAMING DETAILS	
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	DRAWN
DRAWING NO. 59	DATE
REVISED	DATE

DATE 03/16/11
PROJECT NO. 2012.001.00
CAD FILE
DRAWN
CHECKED BY
DATE

