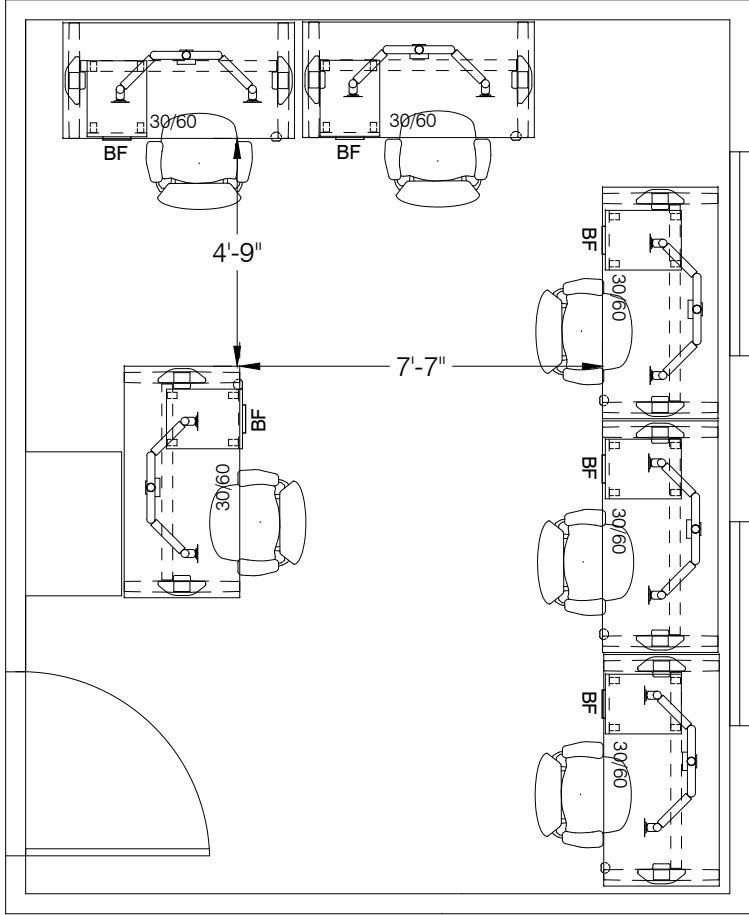


A ROOM 1A06 FURNITURE PLAN
SCALE: 1/4" = 1'-0"



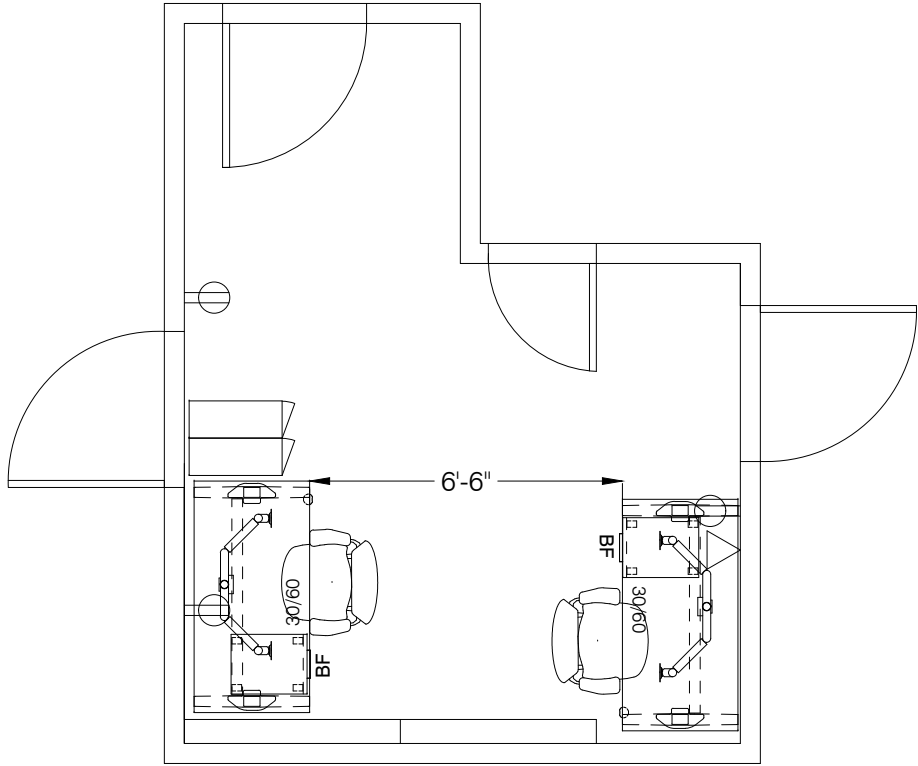
C ROOM 1C06 RENDERING
SCALE NOT TO SCALE



B ROOM 1A06 RENDERING
SCALE NOT TO SCALE



D ROOM 1C06 FURNITURE PLAN
SCALE: 1/4" = 1'-0"



DRAWN: HANNAH ALLEN

DATE: 12/11/2017

REV:

CORE: 66008

VA MEDICAL CENTER Bldg. 2

ACAD: 66008VAMCBldg.2

Z-AXIS: 66008VAMCBldg.2

ACT: MAUREN FESSLER

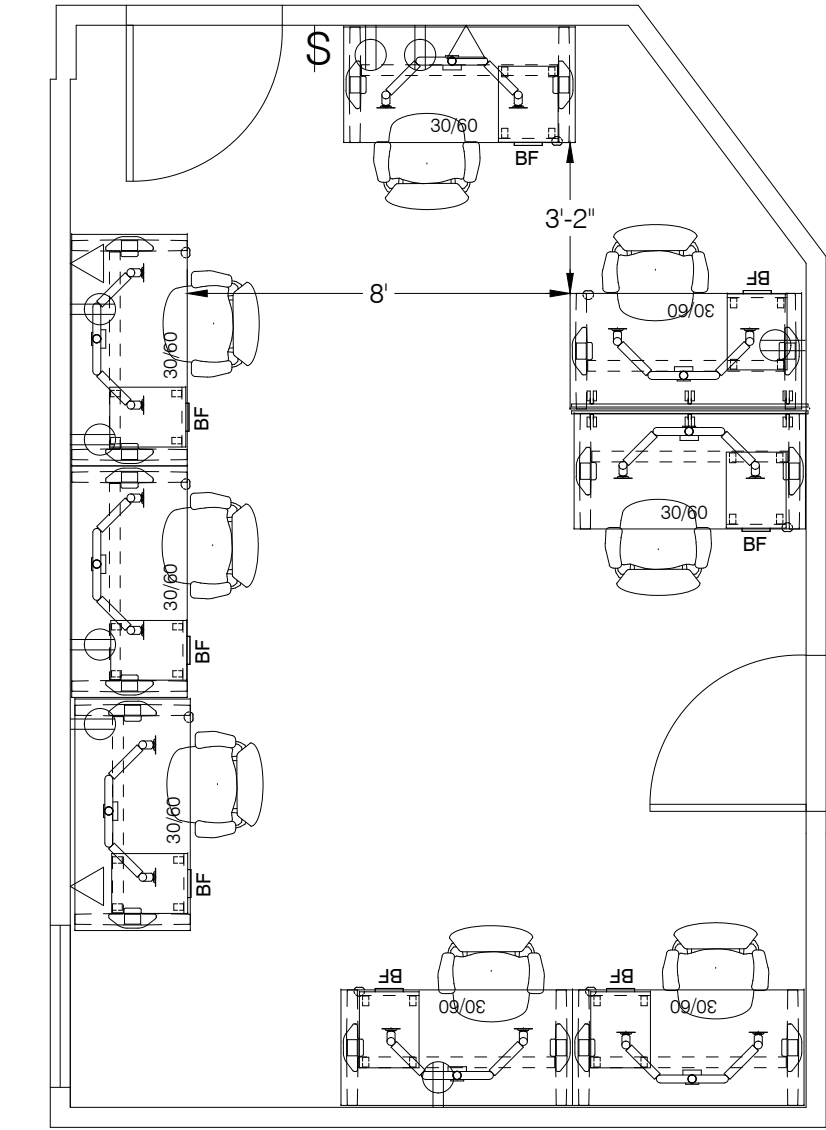
HB HENRIKSEN
BUTLER

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SALT LAKE CITY, UT 84111 801 359 4326 fax
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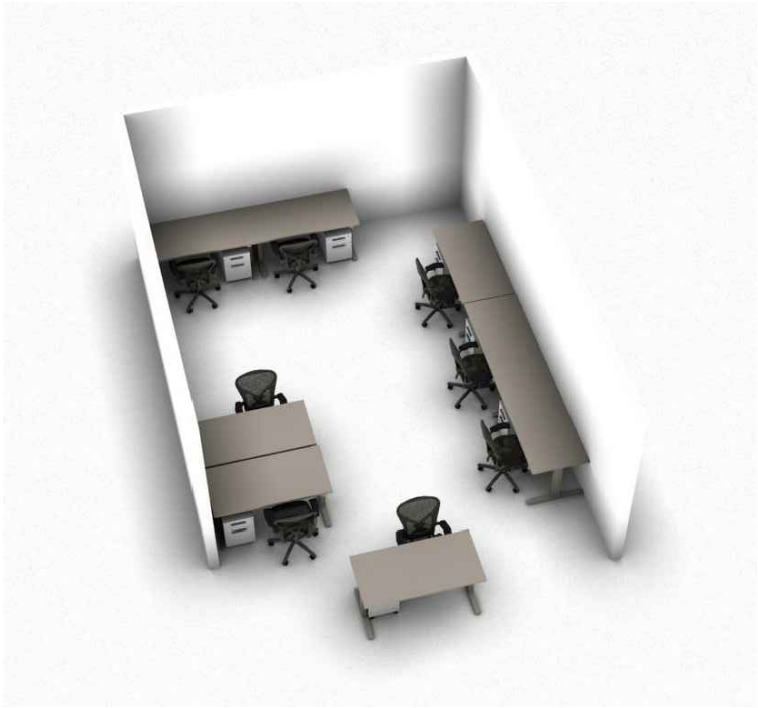
CLIENT APPROVAL
I HAVE REVIEWED THESE PLANS AND THEY
CONFORM TO OUR REQUIREMENTS.
I UNDERSTAND THAT ANY MODIFICATIONS
TO THESE PLANS WILL RESULT IN
ADDITIONAL CHARGES.
☐ APPROVED ☐ APPROVED AS NOTED ☐ NOT APPROVED
SIGNATURE: _____ DATE: _____

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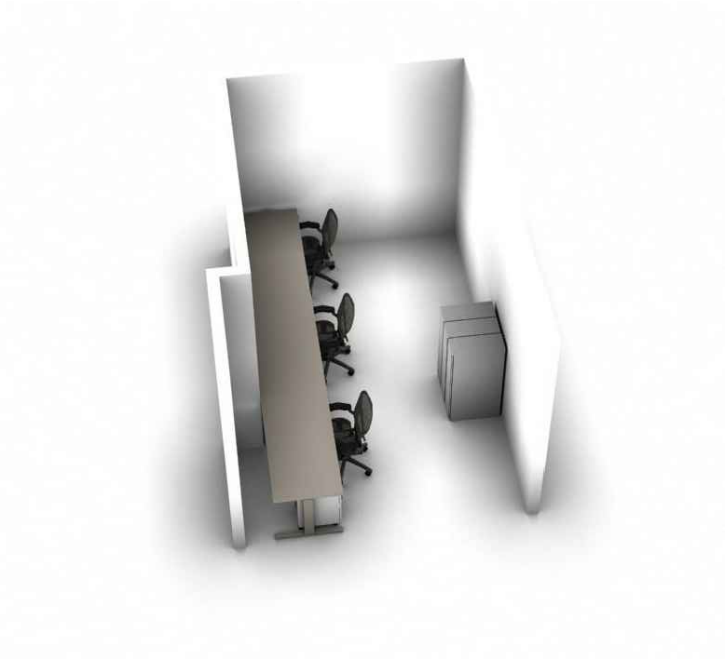
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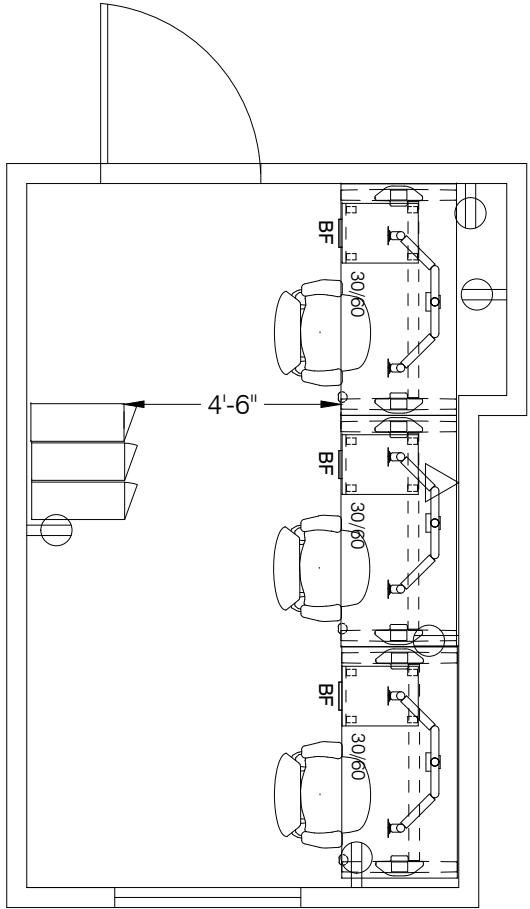
E ROOM 1C10 FURNITURE PLAN
SCALE: 1/4" = 1'-0"



F ROOM 1C10 RENDERING
SCALE NOT TO SCALE



G ROOM 1C39 RENDERING
SCALE NOT TO SCALE



H ROOM 1C39 FURNITURE PLAN
SCALE: 1/4" = 1'-0"

VA MEDICAL CENTER BLDG. 2

ACAD: 66008VAMCBldg.2
Z-AXIS: 66008VAMCBldg.2
ACT: MAUREN FESSLER

VA MEDICAL CENTER BLDG. 2

CLIENT APPROVAL ☐ APPROVED ☐ APPROVED AS NOTED ☐ NOT APPROVED

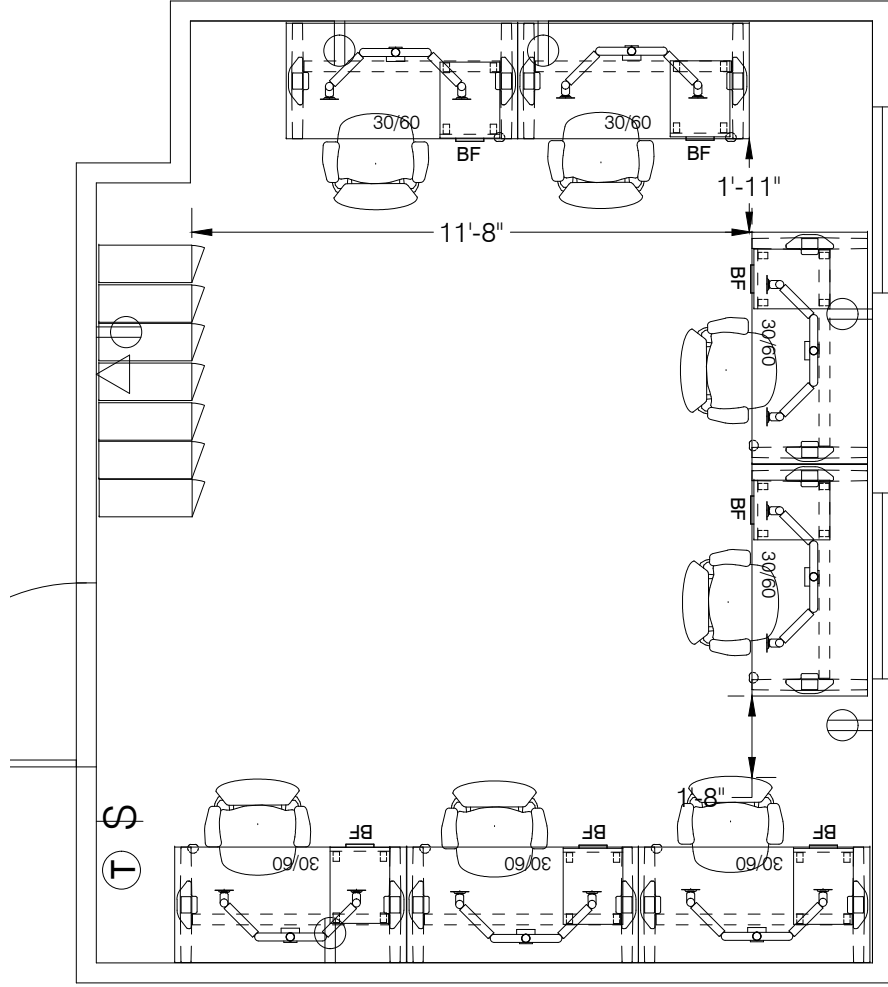
I HAVE REVIEWED THESE PLANS AND THEY CONFORM TO OUR REQUIREMENTS. I UNDERSTAND THAT ANY MODIFICATIONS TO THESE PLANS WILL RESULT IN ADDITIONAL CHARGES. SIGNATURE: _____ DATE: _____

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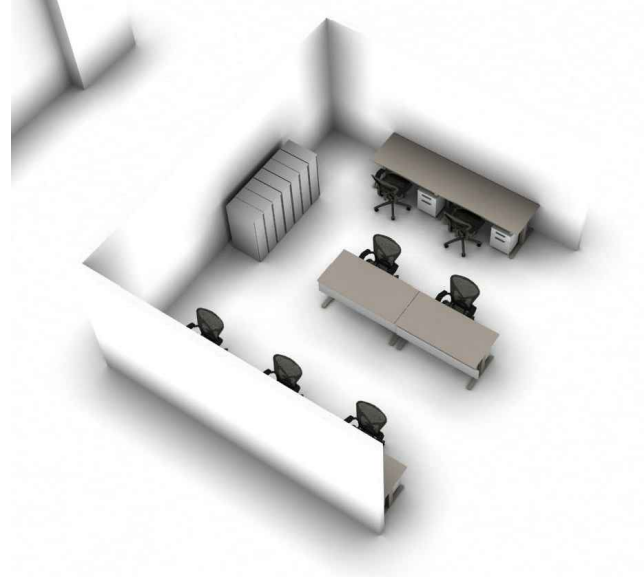
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DATE: 12/11/2017
REV:
CORE: 66008

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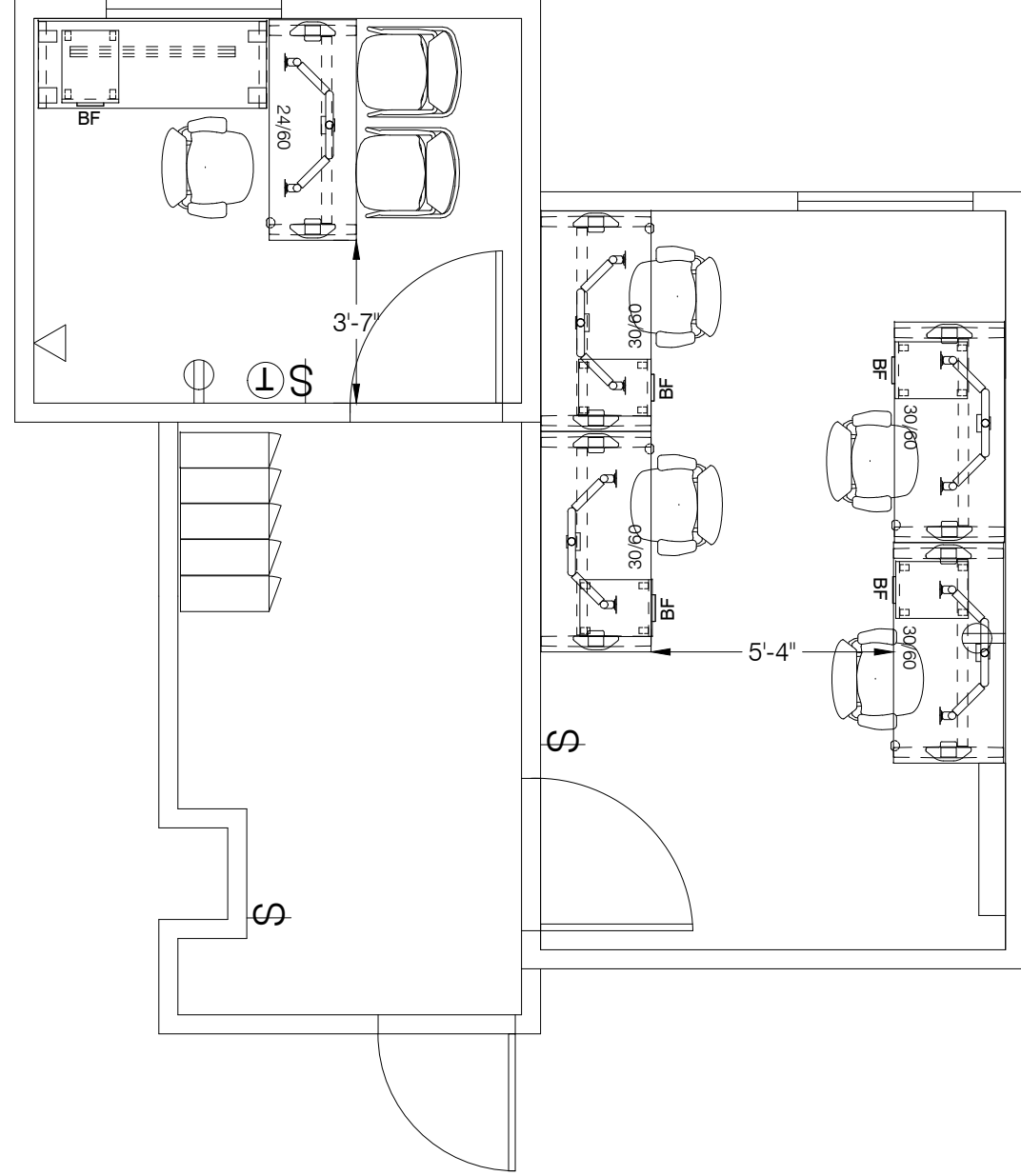
I ROOM 1C34 FURNITURE PLAN
SCALE: 1/4" = 1'-0"



J ROOM 1C34 RENDERING
SCALE NOT TO SCALE



K ROOM 1C40 RENDERING
SCALE NOT TO SCALE



L ROOM 1C40 FURNITURE PLAN
SCALE: 1/4" = 1'-0"

DRAWN: HANNAH ALLEN
DATE: 12/11/2017
REV:
CORE: 66008

VA MEDICAL CENTER BLDG. 2

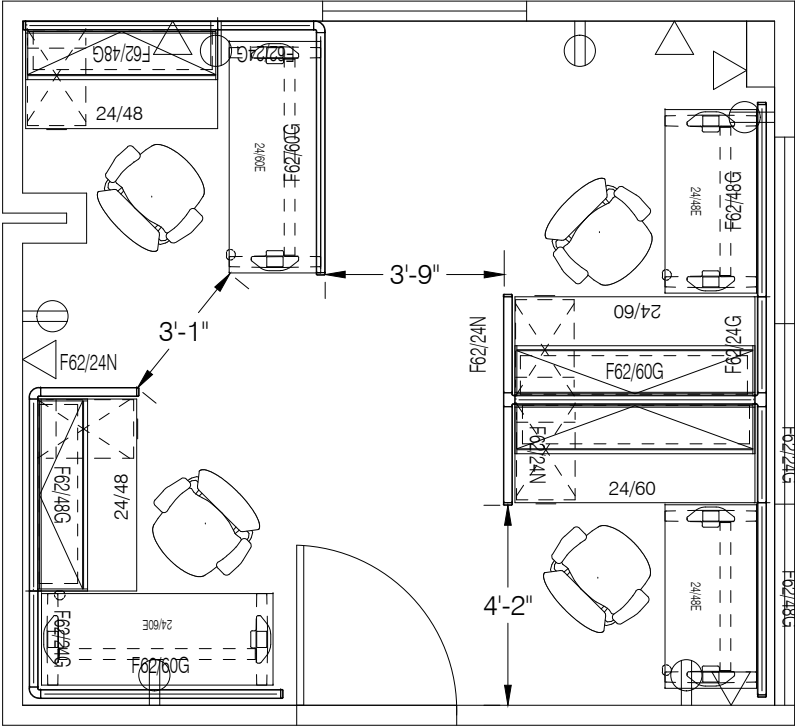
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Z-AXIS: 66008VAMCBldg.2
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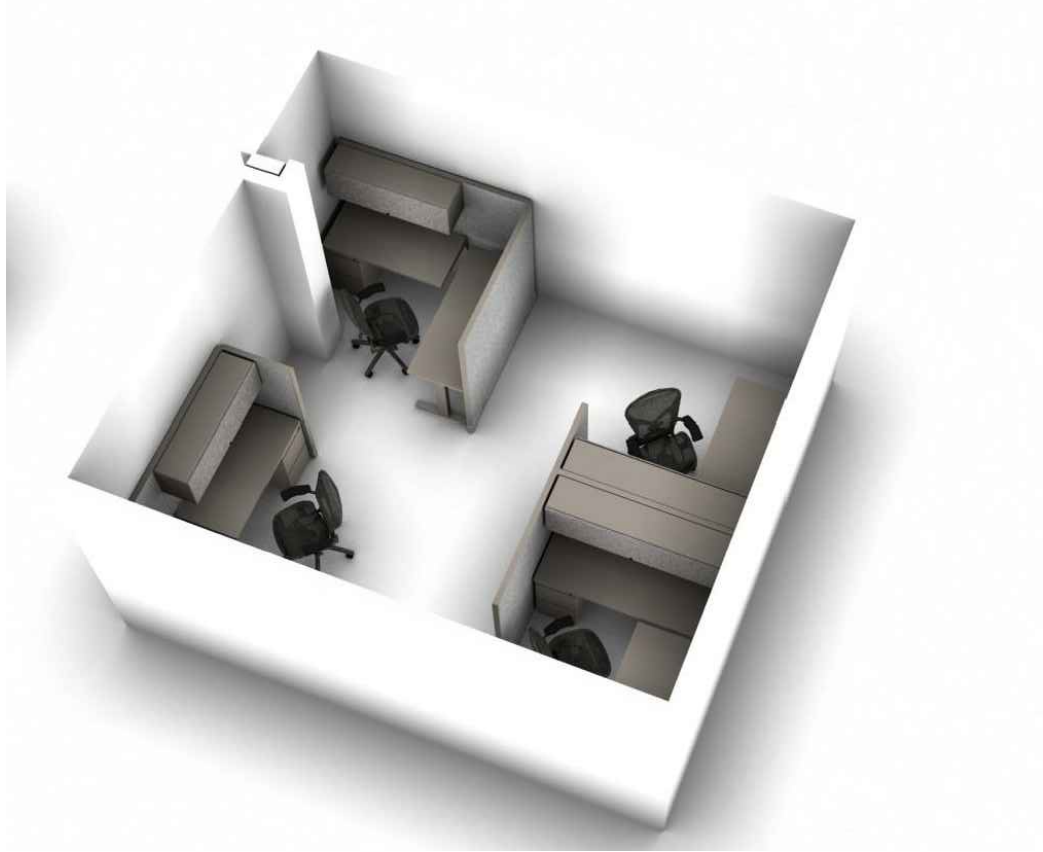
VA MEDICAL CENTER BLDG. 2

CLIENT APPROVAL
I HAVE REVIEWED THESE PLANS AND THEY CONFORM TO OUR REQUIREMENTS. I UNDERSTAND THAT ANY MODIFICATIONS TO THESE PLANS WILL RESULT IN ADDITIONAL CHARGES.
☐ APPROVED ☐ APPROVED AS NOTED ☐ NOT APPROVED
SIGNATURE: _____ DATE: _____
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M ROOM 1B05A FURNITURE PLAN
SCALE: 1/4" = 1'-0"



N ROOM 1B05A RENDERING
SCALE NOT TO SCALE

DRAWN: HANNAH ALLEN DATE: 12/11/2017 REV: CORE: 66008	VA MEDICAL CENTER BLDG. 2			ACAD: 66008VAMCBldg.2	
				Z-AXIS: 66008VAMCBldg.2	
				ACT: MAUREN FESSLER	
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		CLIENT APPROVAL			
		I HAVE REVIEWED THESE PLANS AND THEY CONFORM TO OUR REQUIREMENTS. I UNDERSTAND THAT ANY MODIFICATIONS TO THESE PLANS WILL RESULT IN ADDITIONAL CHARGES.			
		DATE: _____			
		SIGNATURE: _____			
		<input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED AS NOTED <input type="checkbox"/> NOT APPROVED			
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