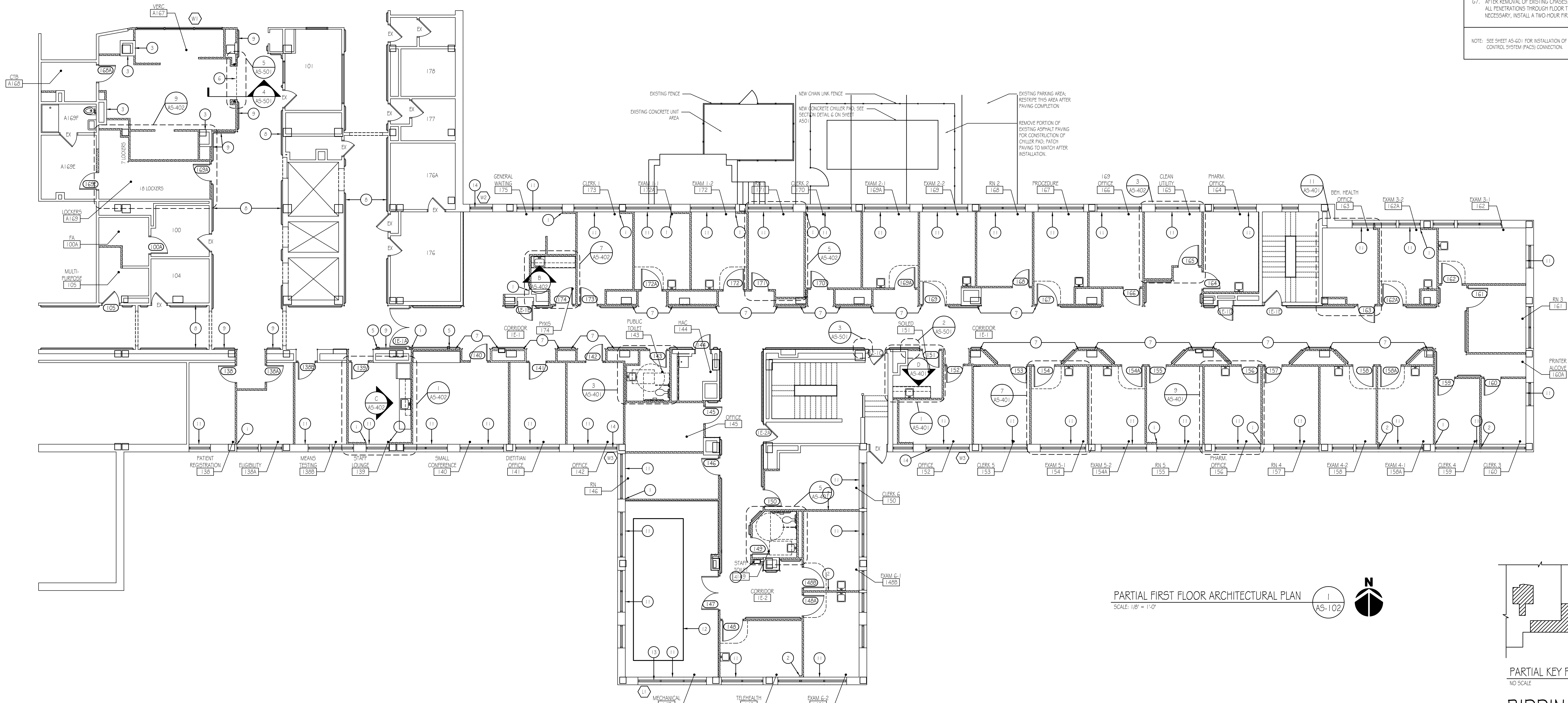
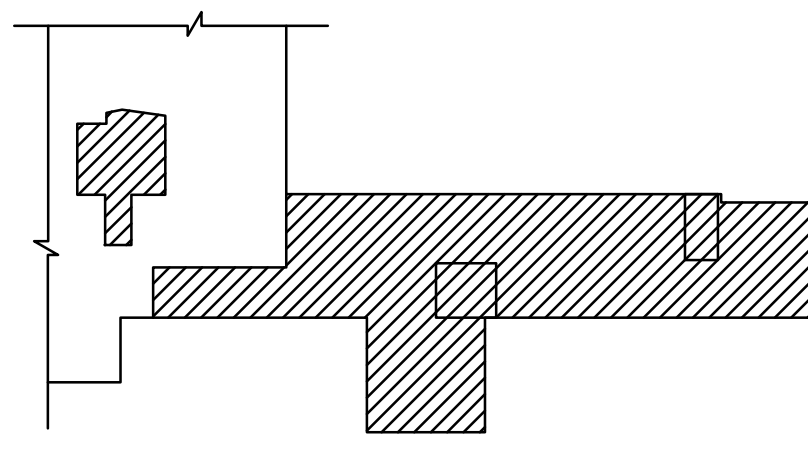
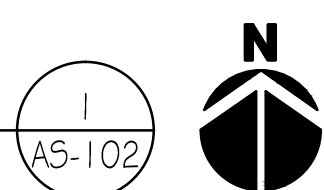


three inches = one foot  
one and one half inches = one foot  
one inch = one foot  
three quarters inch = one foot  
one half inch = one foot  
three eighths inch = one foot  
one quarter inch = one foot  
one eighth inch = one foot



PARTIAL FIRST FLOOR ARCHITECTURAL PLAN  
SCALE: 1/8" = 1'-0"



PARTIAL KEY PLAN  
NO SCALE

## BIDDING DOCUMENTS FULLY SPRINKLERED

|  |  |  |  |  |  |   |  |  |  |   |  |   |  |   |  |  |  |
|--|--|--|--|--|--|---|--|--|--|---|--|---|--|---|--|--|--|
| <b>BIDDING DOCUMENTS</b><br>03/27/2013<br>Revisions: _____ Date: _____ |  | <b>VA Northern Indiana Health Care System, Fort Wayne</b><br>2121 Lake Ave., Fort Wayne IN 46805 |  | <b>CONSULTANTS:</b><br>USFin Development, LLC<br>1105 West Weir Street<br>Litchfield, Illinois 62556<br>Viridian Architectural Design, Inc.<br>2020 East Washington Blvd, Suite 200<br>Fort Wayne, Indiana 46803 |  | <b>ARCHITECT/ENGINEERS:</b><br><b>AMERICAN STRUCTUREPOINT INC.</b><br>7280 SHADELAND STATION<br>INDIANAPOLIS, IN 46256-9957<br>TEL 317.547.5580 FAX 317.543.0270<br>www.structurepoint.com<br><b>enerTronics</b><br>Engineering Corporation<br>The Paramount Building<br>92445 Calumet Ave., Suite 205,<br>Munster, IN 46321<br>(219) 836-2120 Fax (219) 836-1129 |  | <b>Approved: Medical Center Director</b><br>NAME: _____<br>SIGNATURE: _____<br><b>Approved: Medical Center Associate Director</b><br>NAME: _____<br>SIGNATURE: _____ |  | <b>Drawing Title</b><br>PARTIAL FIRST FLOOR ARCHITECTURAL PLAN<br><b>Approved: Engineering Service</b><br>NAME: _____ SIGNATURE: _____<br><b>Approved: Project Director</b><br>NAME: _____ SIGNATURE: _____ |  | <b>Project Title</b><br>Renovate First Floor East Wing for PACT<br><b>Location</b><br>2121 Lake Ave., Fort Wayne, IN 46805<br><b>Date</b><br>03/27/2013<br><b>Checked</b><br>DLW<br><b>Drawn</b><br>TKP |  | <b>Project Number</b><br>610A4-12-107<br><b>Building Number</b><br>01<br><b>Drawing Number</b><br>AS-102<br>Dwg 7 of 58 |  | <b>Office of Construction and Facilities Management</b><br><b>Department of Veterans Affairs</b> |  |
|--|--|--|--|--|--|---|--|--|--|---|--|---|--|---|--|--|--|