

ABBREVIATIONS

Table of abbreviations categorized by letters A through Z, including terms like Amp, Air Conditioning, Architectural, etc.

SYMBOLS

Grid Lines, Room and Door Numbers, Wall Graphics, Architectural Symbols, Wall Rating Lines. Includes diagrams and text explaining various symbols used in the drawings.

EXPLANATION OF DOCUMENT NOMENCLATURE

In order to avoid an unnecessary amount of lettering and a confusing number of lines on the Contract Documents, the Architect/Engineer has used certain devices, abbreviations, conventions, symbols, diagrams and schedules, the meaning and use of which are herein illustrated and explained.

Information shown on plans will not be repeated on elevations and sections and vice versa. Where notes are indefinite, reference must be made to the specifications. When practical, notes upon the plans are eliminated, and information is condensed in the form of schedules which appear in the Project Manual.

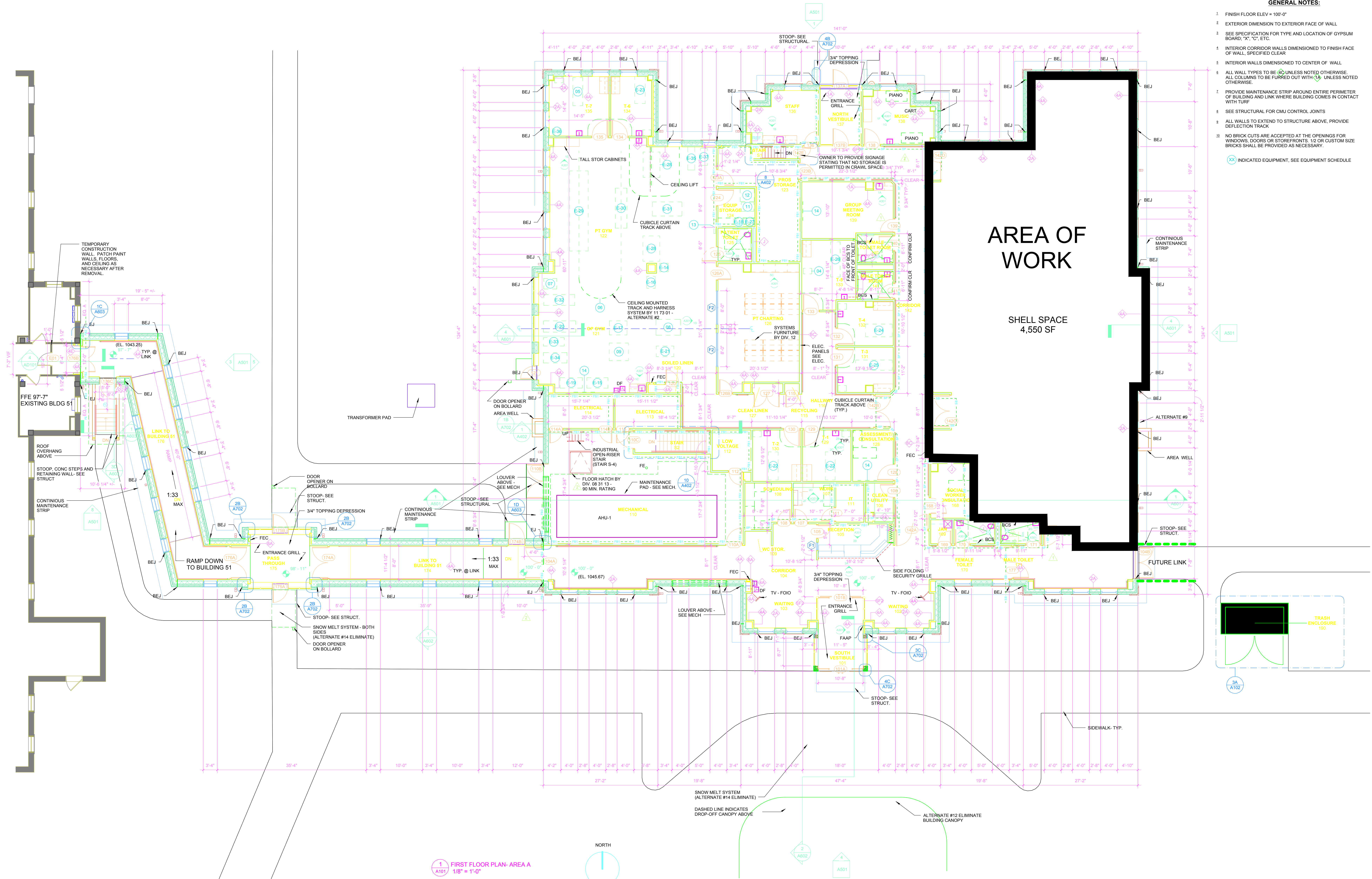
DETAIL AND SECTION REFERENCING

Where double numbers appear in a circle on scale drawings or elevations, the upper number is the number of the section or elevation on the sheet so numbered...

STUD THICKNESS, WALL ASSEMBLY, WALL RATING LEGEND. Includes diagrams of wall sections (A through L) showing various materials like steel, wood, and insulation, along with their respective ratings and thicknesses.

**GENERAL NOTES:**

- 1 FINISH FLOOR ELEV = 100'-0"
  - 2 EXTERIOR DIMENSION TO EXTERIOR FACE OF WALL
  - 3 SEE SPECIFICATION FOR TYPE AND LOCATION OF GYPSUM BOARD, "X", "C", ETC.
  - 4 INTERIOR CORRIDOR WALLS DIMENSIONED TO FINISH FACE OF WALL, SPECIFIED CLEAR
  - 5 INTERIOR WALLS DIMENSIONED TO CENTER OF WALL
  - 6 ALL WALL TYPES TO BE 4" UNLESS NOTED OTHERWISE. ALL COLUMNS TO BE FURRED OUT WITH 1" UNLESS NOTED OTHERWISE.
  - 7 PROVIDE MAINTENANCE STRIP AROUND ENTIRE PERIMETER OF BUILDING AND LINK WHERE BUILDING COMES IN CONTACT WITH TURF
  - 8 SEE STRUCTURAL FOR CMU CONTROL JOINTS
  - 9 ALL WALLS TO EXTEND TO STRUCTURE ABOVE, PROVIDE DEFLECTION TRACK
  - 10 NO BRICK CUTS ARE ACCEPTED AT THE OPENINGS FOR WINDOWS, DOORS OR STOREFRONTS. 1/2 OR CUSTOM SIZE BRICKS SHALL BE PROVIDED AS NECESSARY.
- (XX) INDICATED EQUIPMENT, SEE EQUIPMENT SCHEDULE



1 FIRST FLOOR PLAN- AREA A  
1/8" = 1'-0"

NO	REVISION	DATE
1	9/30/14	Bathroom Dimension Changes
2	6/2/15	Code Review Changes
3	9/30/16	RECORD SET

**Horty Elving**  
 505 East Grant Street, Minneapolis, MN 55404-1490  
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**Planning Architecture Engineering Interior Design Construction Management Design Build**  
 Horty Elving & Associates, Inc.

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.  
*Saramah*  
 Date: \_\_\_\_\_ License No. 40962

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APPROVED SERVICE LINE DIRECTOR	DATE	APPROVED INFECTION CONTROL NURSE	DATE	DRAWING TITLE
				<b>FIRST FLOOR PLAN</b>
APPROVED GEMS COORDINATOR	DATE	APPROVED PATIENT SAFETY	DATE	
APPROVED PROJECTS SECTION MANAGER	DATE	APPROVED CHIEF OF POLICE	DATE	
APPROVED DIRECTOR FMS	DATE	APPROVED SAFETY MANAGER	DATE	
		APPROVED CHIEF OF STAFF	DATE	
		APPROVED MEDICAL CENTER DIRECTOR	DATE	

**PROJECT TITLE**  
 REHABILITATION CENTER  
 St. Cloud VA Health Care System

**DATE**  
 11/13/2018

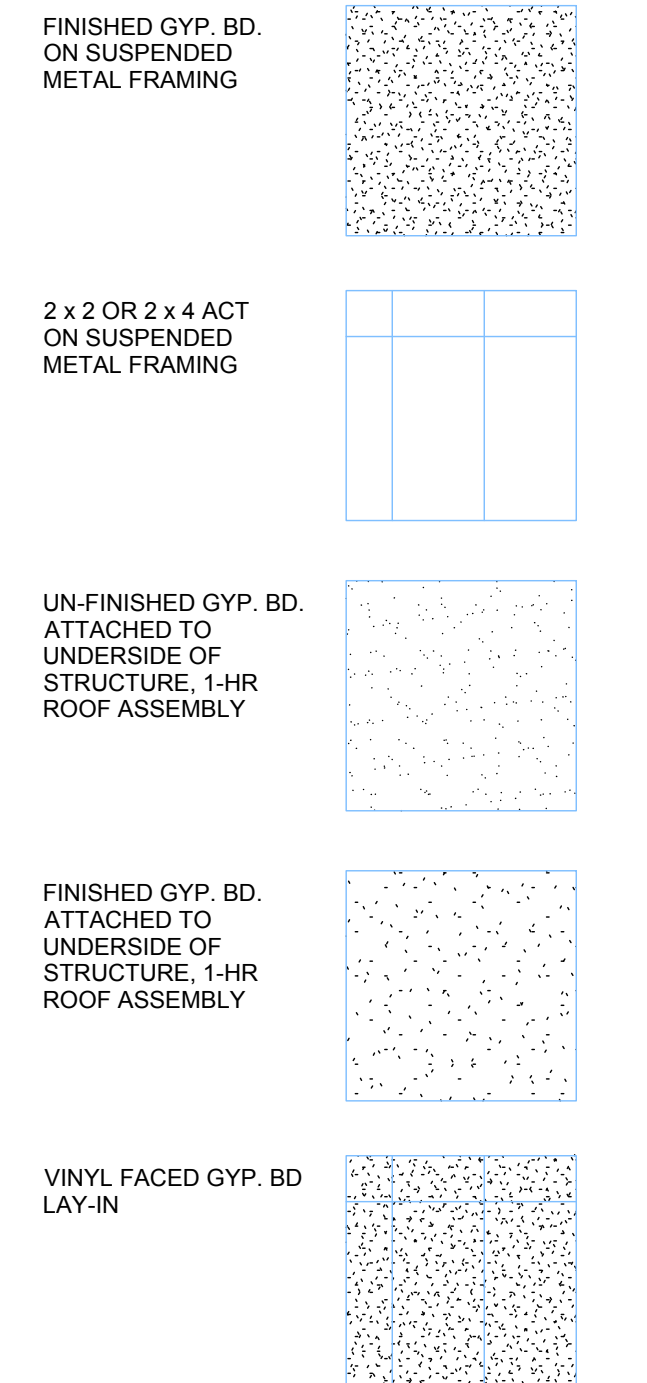
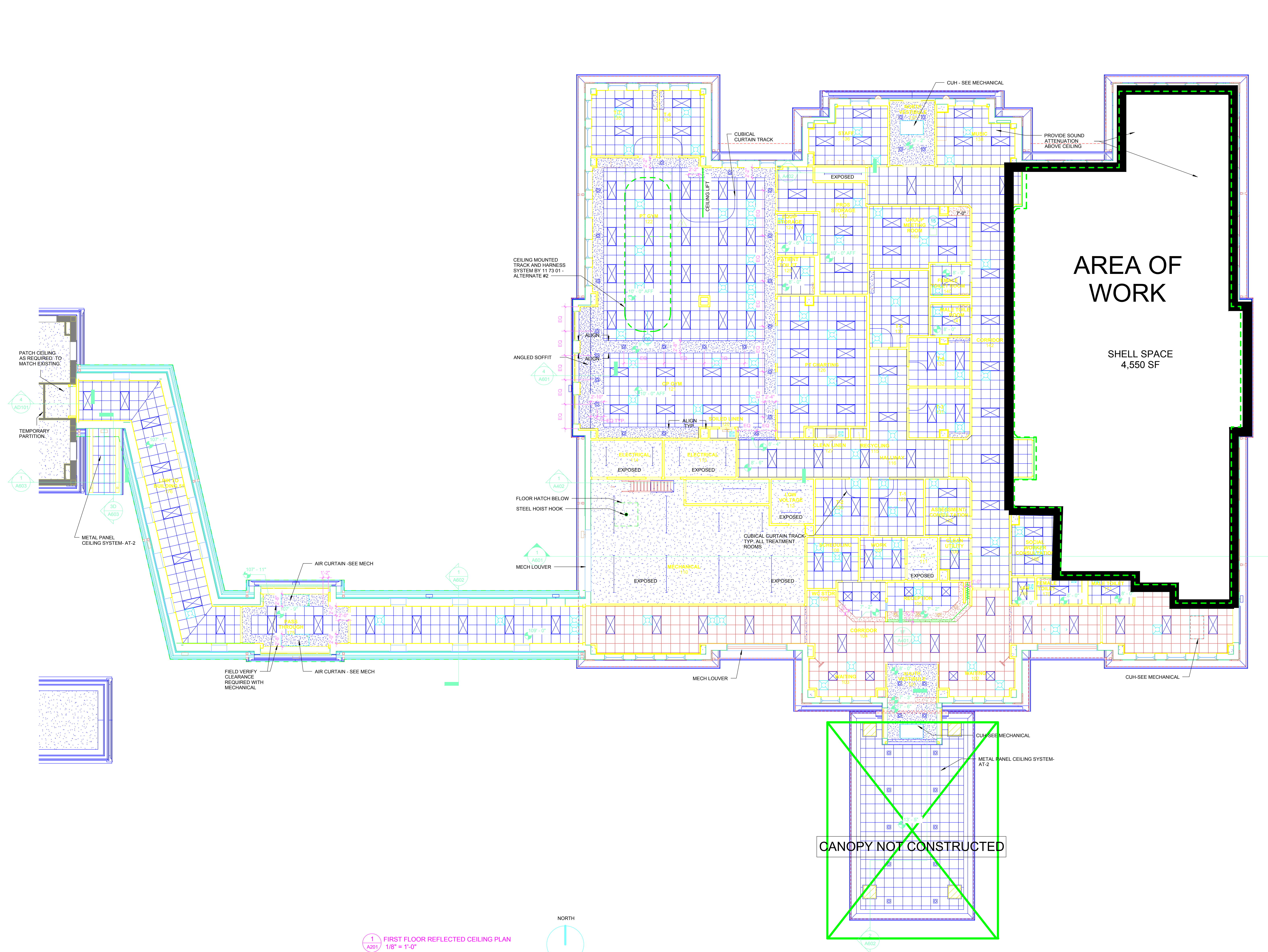
**PROJECT NO.**  
 S1430

**BUILDING NO.**  
 116

**DRAWING NO.**  
 A101

**St. Cloud VA Health Care System**  
 Brainerd | Montevideo | Alexandria





- CEILING HATCH PATTERNS
- REFLECTED CEILING GENERAL NOTES:
1. CUBICLE TRACK BY GC, CURTAIN BY OWNER
  2. CEILING HEIGHTS TO BE 9'-0" AFF U.N.O.
  3. CONDUCT ALTERNATE 2 IS THE ELIMINATION OF THE CEILING LIFTS AND THE OVERGROUND GAIT AND BALANCE TRAINING SYSTEM.

1 FIRST FLOOR REFLECTED CEILING PLAN  
1/8" = 1'-0"



1	10/7/15	PR-37 Gait Track Mod
2	9/30/16	RECORD SET
NO	REVISION	DATE

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 Architecture  
 Engineering  
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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 in the State of Minnesota.  
 Signature: *[Signature]*  
 License No. 49002

I represent that this drawing is the copyrighted work product of architect and owner. Modification or reproduction of these documents without express written consent of Architect is prohibited. The architect or owner's services performed or furnished by the Architect for this project are provided subject to the use and will not be used for any other project without the express written consent of the Architect.

APPROVED: SERVICE LINE DIRECTOR	DATE	APPROVED: INFECTION CONTROL NURSE	DATE
APPROVED: GEMM 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  
**REFLECTED CEILING PLAN - FIRST FLOOR**

PROJECT TITLE  
 REHABILITATION CENTER  
 PROJECT #056-332  
 St. Cloud VA Health Care System

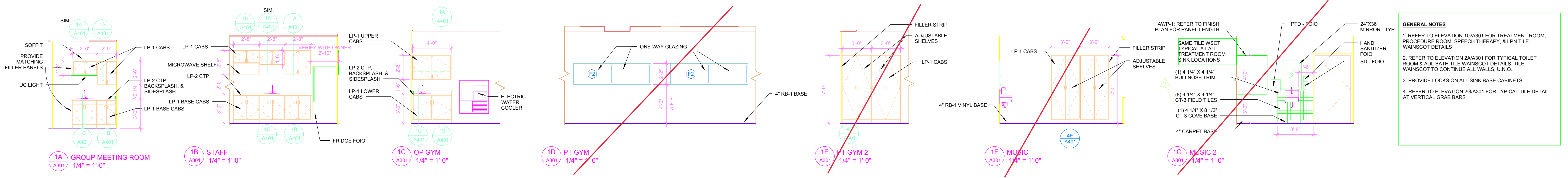
DATE  
 11/13/2018

PROJECT NO.  
 S1430

BUILDING NO.  
 116

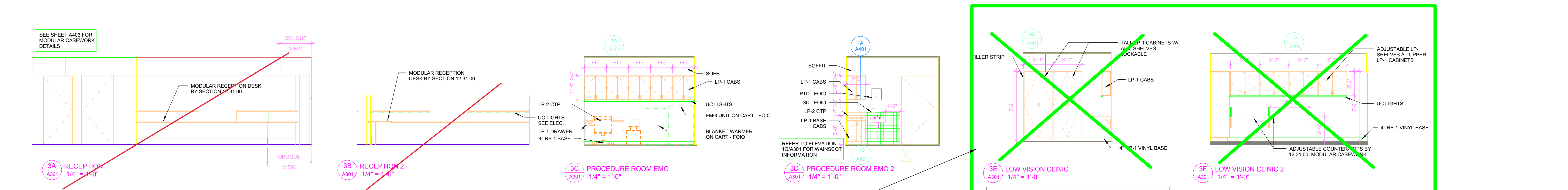
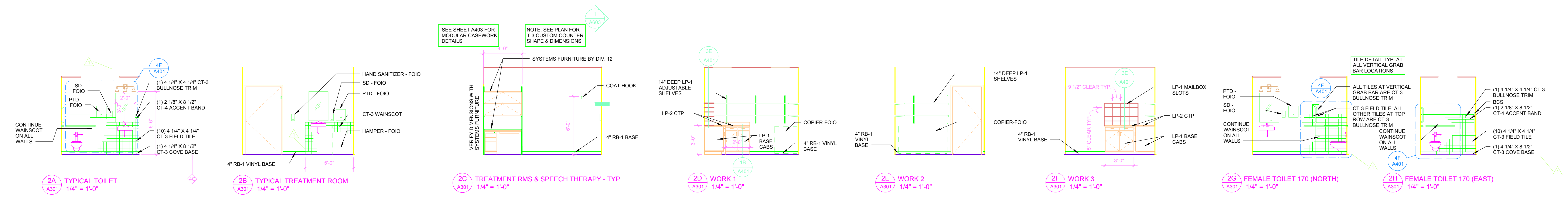
DRAWING NO.  
**A201**

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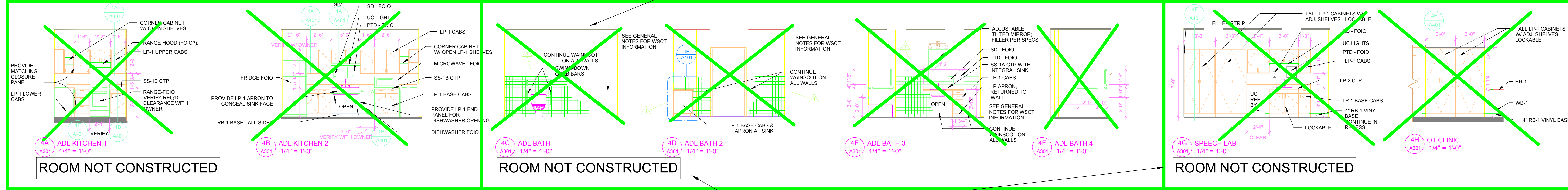
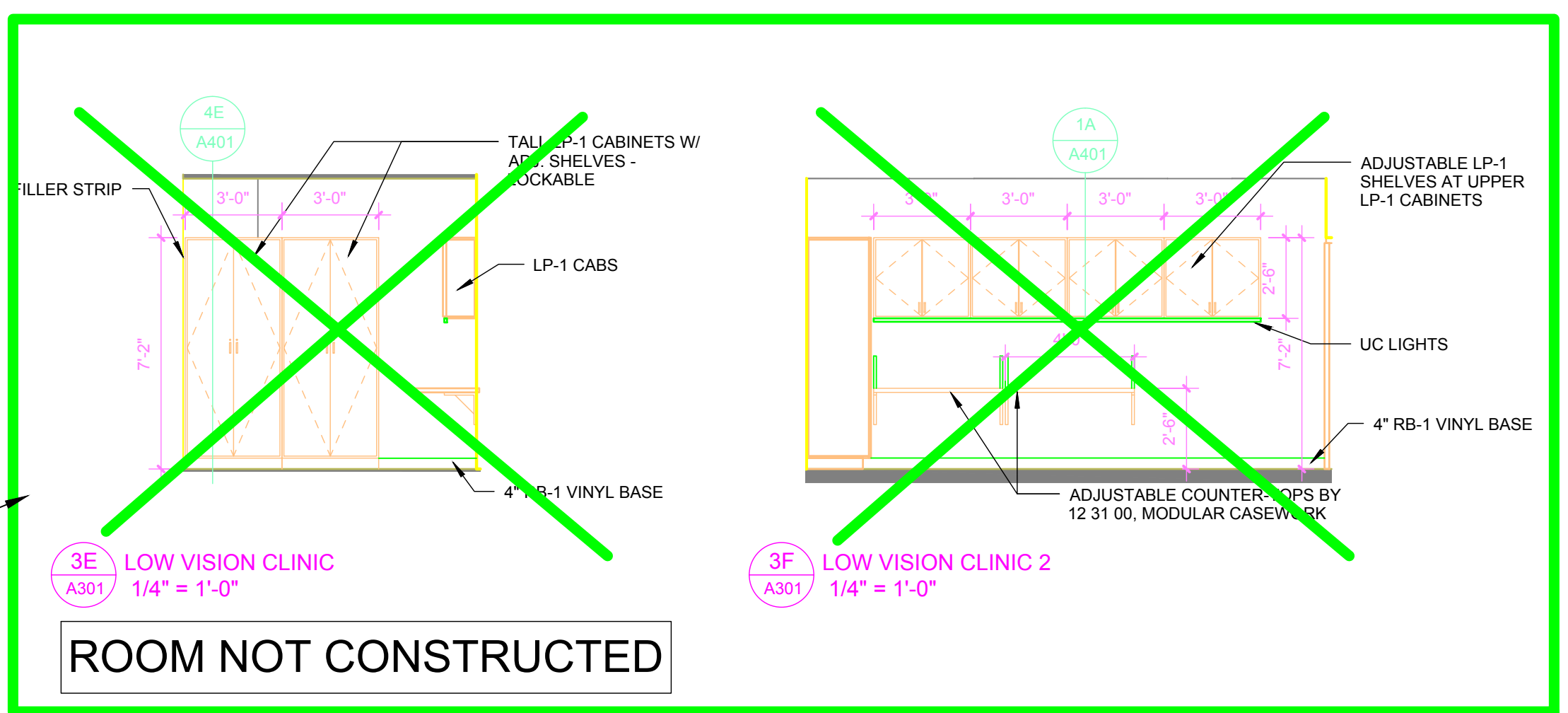


**GENERAL NOTES**

1. REFER TO ELEVATION 1G/A301 FOR TREATMENT ROOM, PROCEDURE ROOM, SPEECH THERAPY, & LPN TILE WAINSCOT DETAILS.
2. REFER TO ELEVATION 2A/A301 FOR TYPICAL TOILET ROOM & ADL BATH TILE WAINSCOT DETAILS. TILE WAINSCOT TO CONTINUE ALL WALLS, U.N.O.
3. PROVIDE LOCKS ON ALL SINK BASE CABINETS.
4. REFER TO ELEVATION 2G/A301 FOR TYPICAL TILE DETAIL AT VERTICAL GRAB BARS.



**NEW WORK**

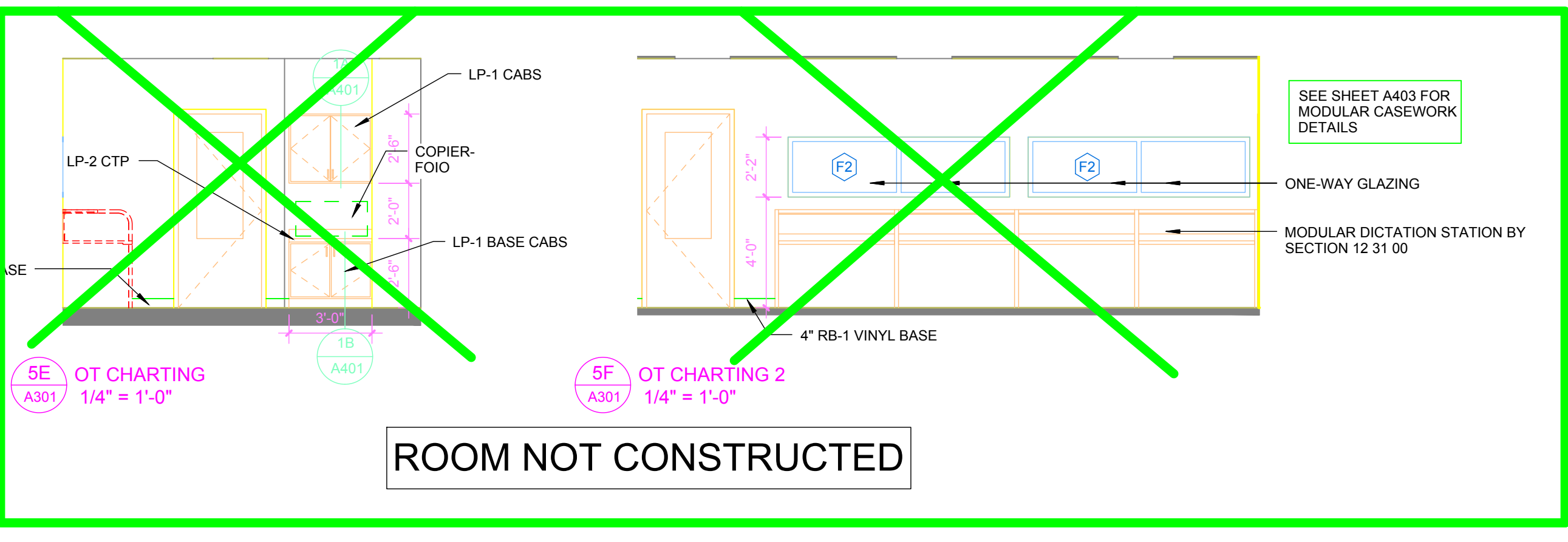


**ROOM NOT CONSTRUCTED**

**ROOM NOT CONSTRUCTED**

**ROOM NOT CONSTRUCTED**

**NEW WORK**



**ROOM NOT CONSTRUCTED**

NO.	REVISION	DATE
1	9/25/14	ASI 5 TILE REVISIONS
2	9/30/16	RECORD SET

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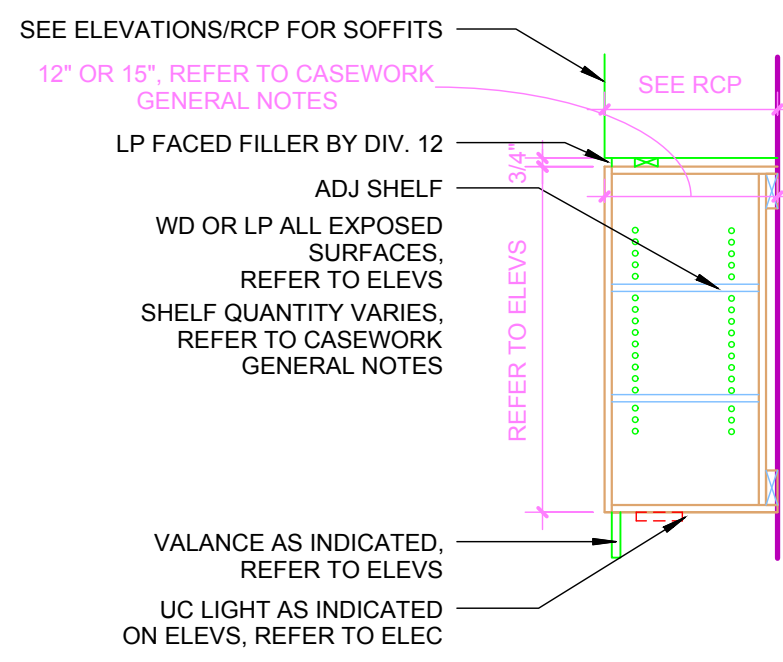
I hereby certify that this plan, specification, or report was prepared by me or under my direct supervision and that I am a duly Licensed Architect under the laws of the State of Minnesota.

*Sam Mah*  
 Sam Mah License No. 40800

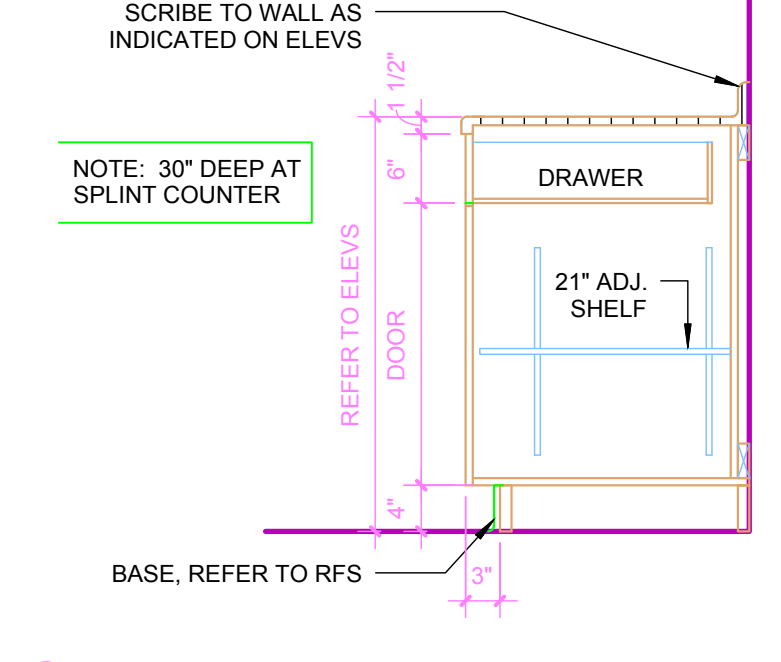
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APPROVED GEMM COORDINATOR	DATE	APPROVED PATIENT SAFETY	DATE
APPROVED PROJECTS SECTION MANAGER	DATE	APPROVED CHIEF OF POLICE	DATE
APPROVED DIRECTOR FMS	DATE	APPROVED SAFETY MANAGER	DATE

DRAWING TITLE		PROJECT TITLE		DATE	
<b>INTERIOR ELEVATIONS</b>		REHABILITATION CENTER PROJECT #656-332		11/13/2018	
APPROVED CHIEF OF STAFF		ST. Cloud VA Health Care System		POST SCALE	
DATE		PROJECT NO: S1430		DRAWING NO: A301	
DATE		DRAWING NO: 116		DRAWING NO: A301	

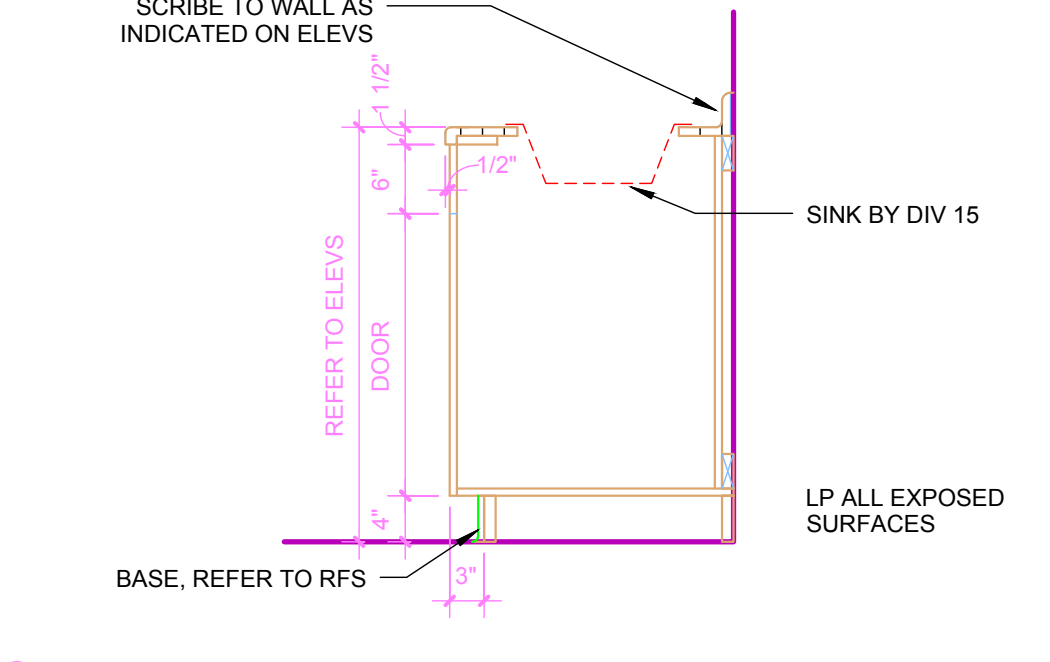
**St. Cloud VA Health Care System**  
 Brainerd | Monticello | Alexandria



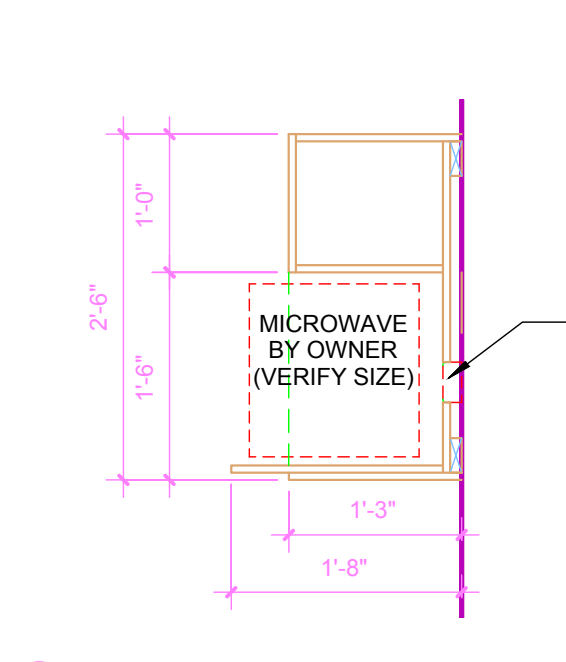
1A TYP. WALL CABINET  
3/4" = 1'-0"



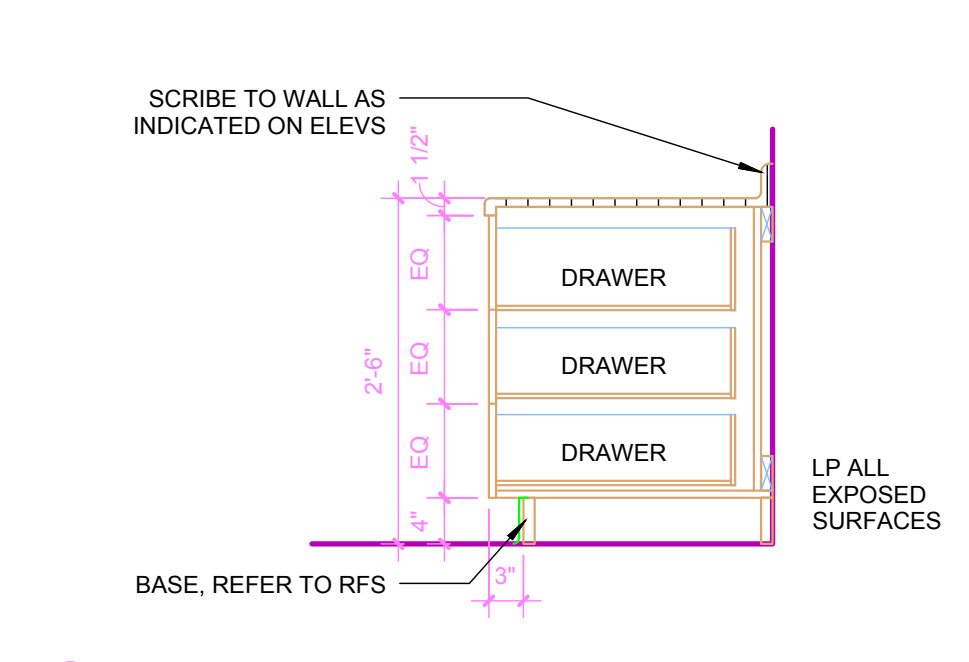
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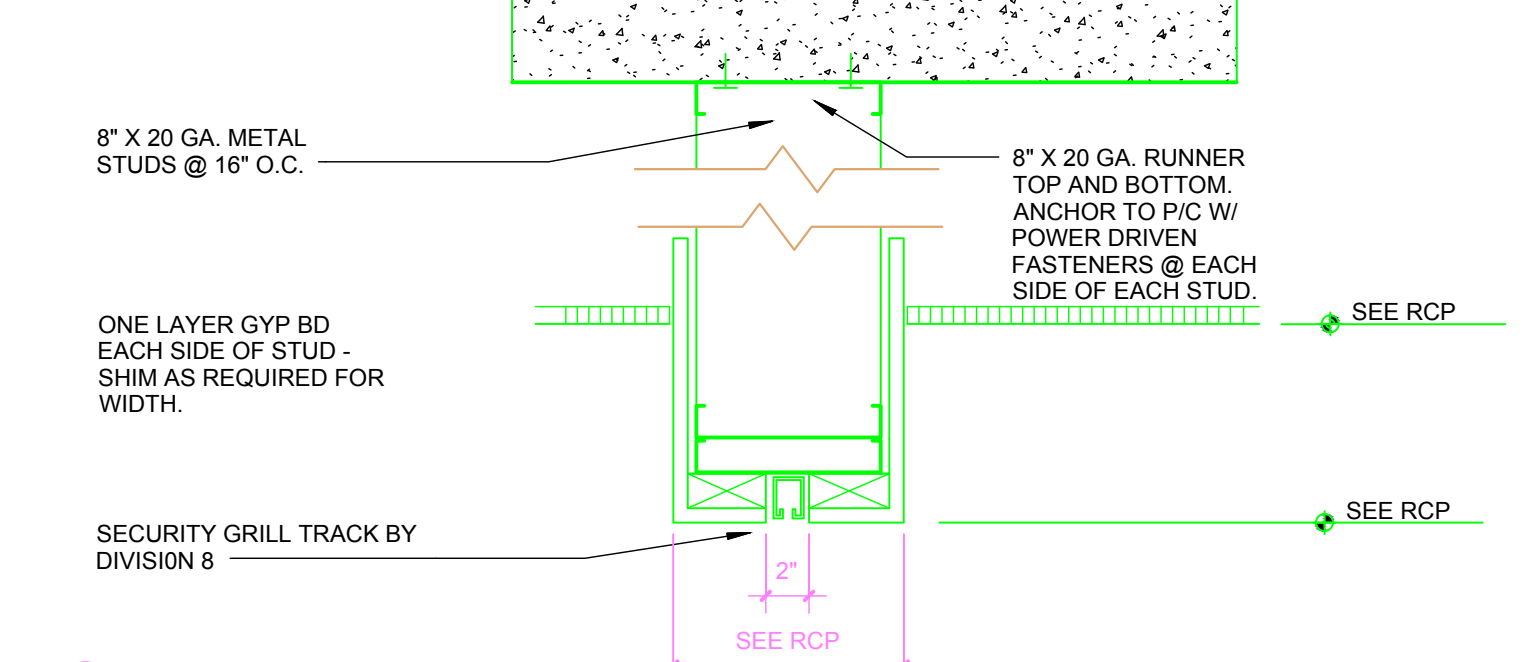
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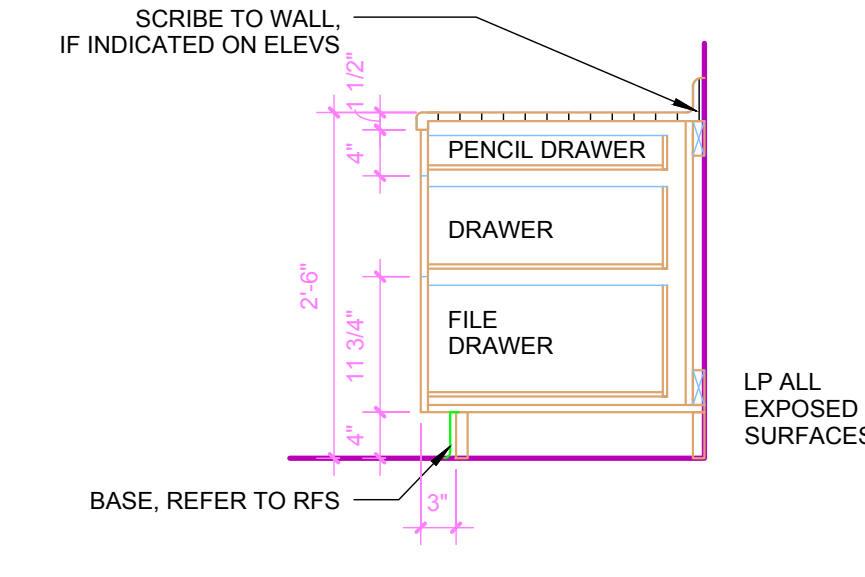
1D MICROWAVE CAB  
3/4" = 1'-0"



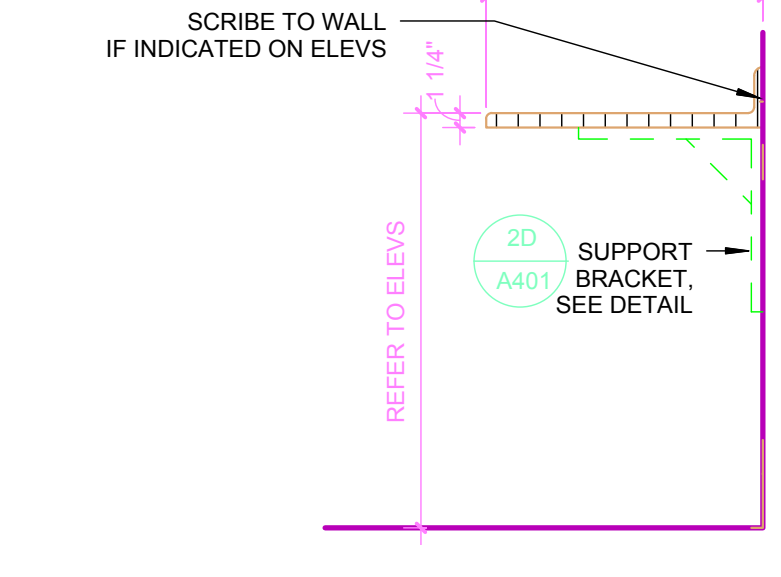
1E 24\"/>



1F SECURITY GRILL SUPPORT  
1 1/2" = 1'-0"



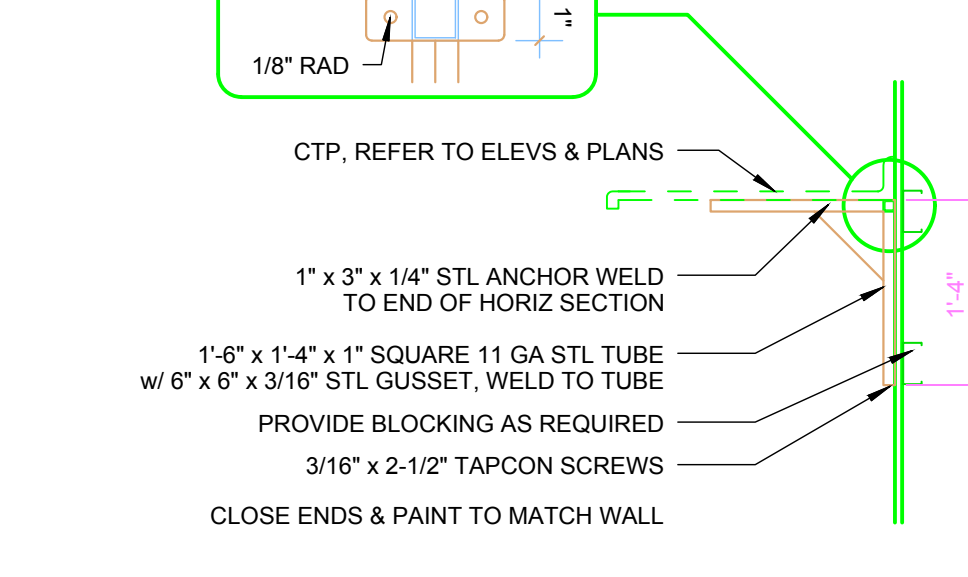
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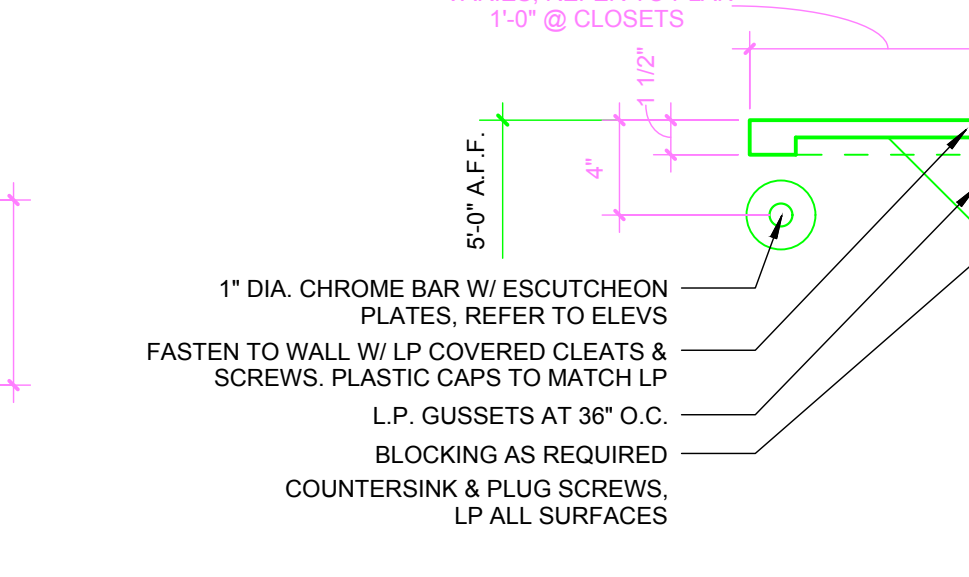
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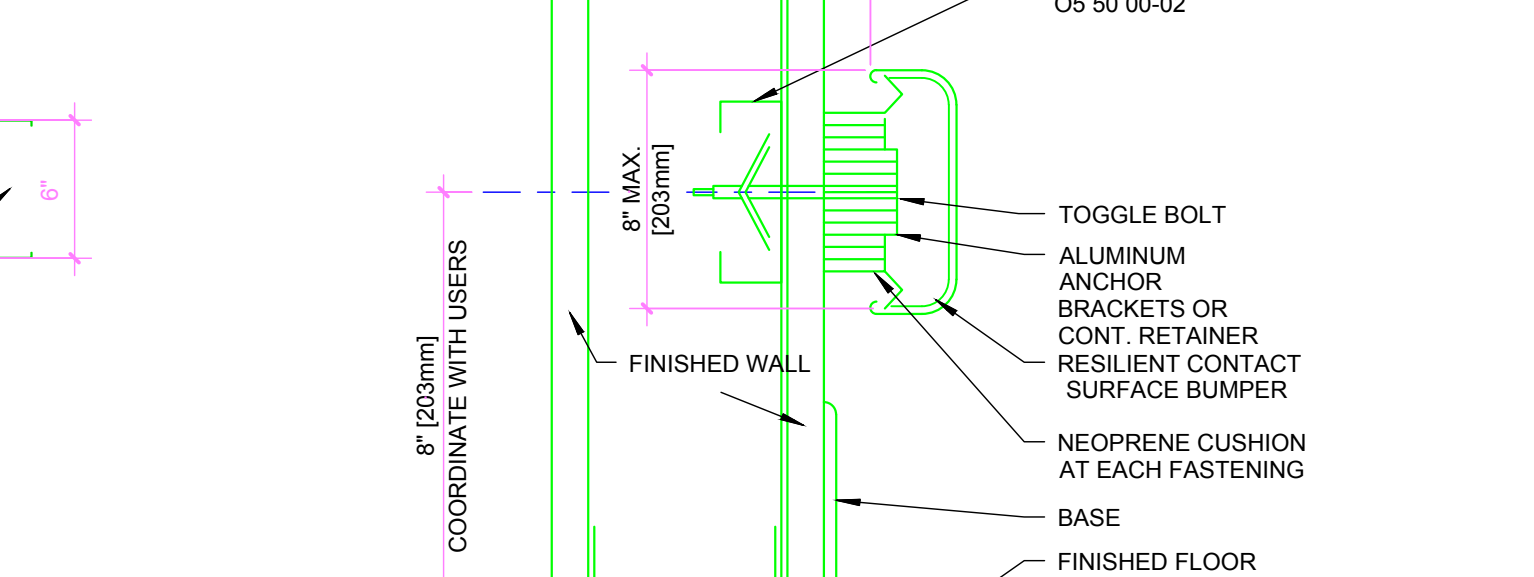
2C CORNER GUARD, SURFACE MOUNTED @ END OF WALL  
3\"/>



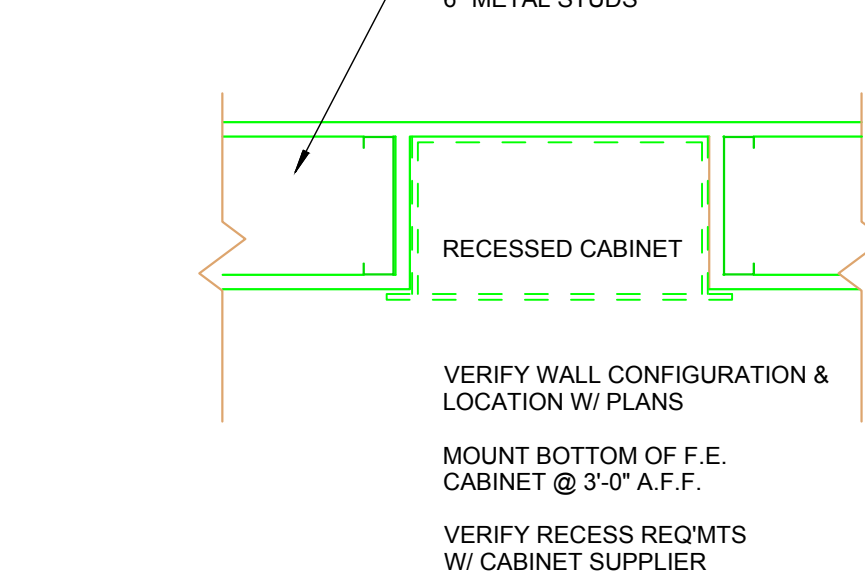
2D SUPPORT BRACKET  
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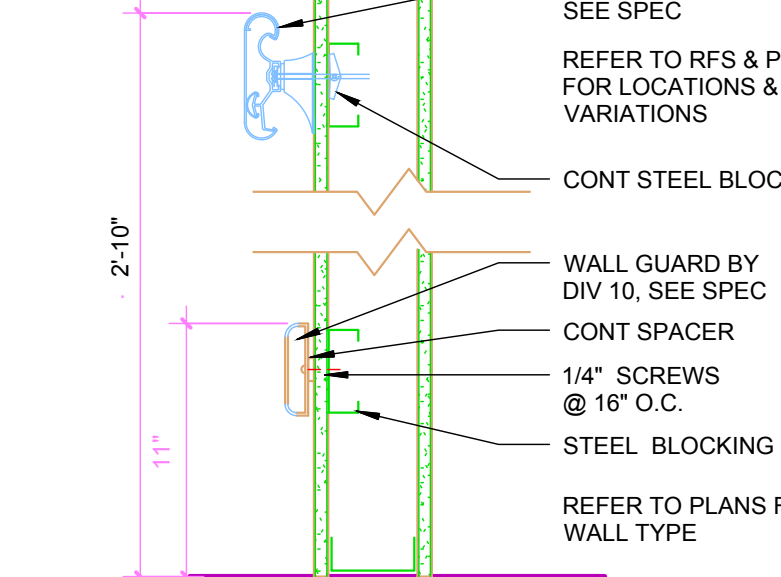
2E SHELF  
1 1/2" = 1'-0"



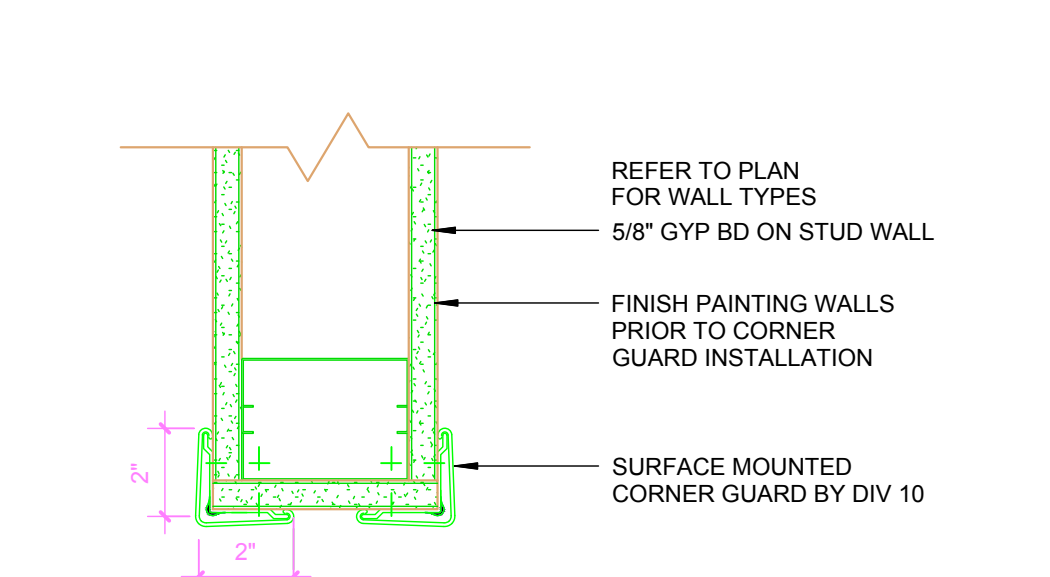
2F WALL GUARD SECTION - NTS



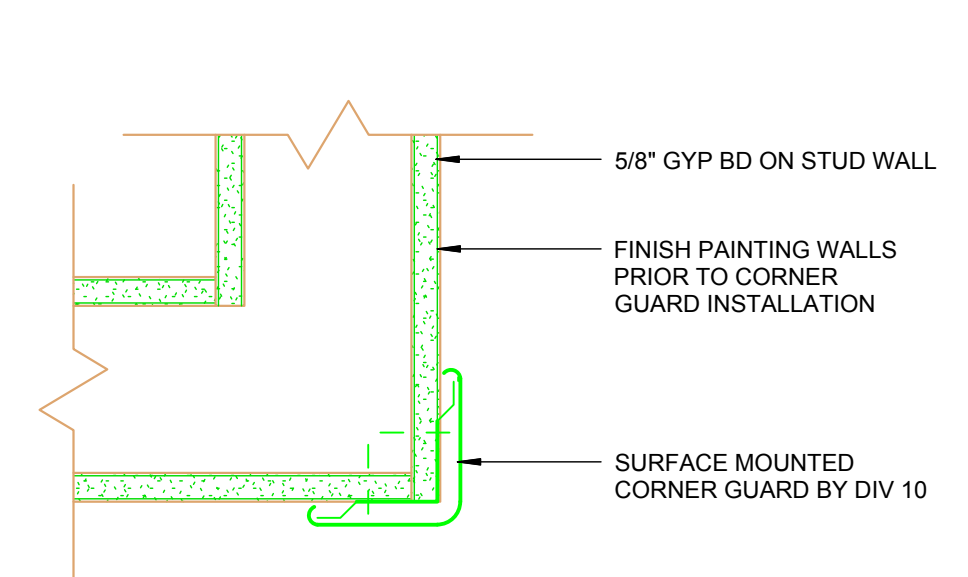
3A FIRE EXTINGUISHER CABINET - RECESSED  
1 1/2" = 1'-0"



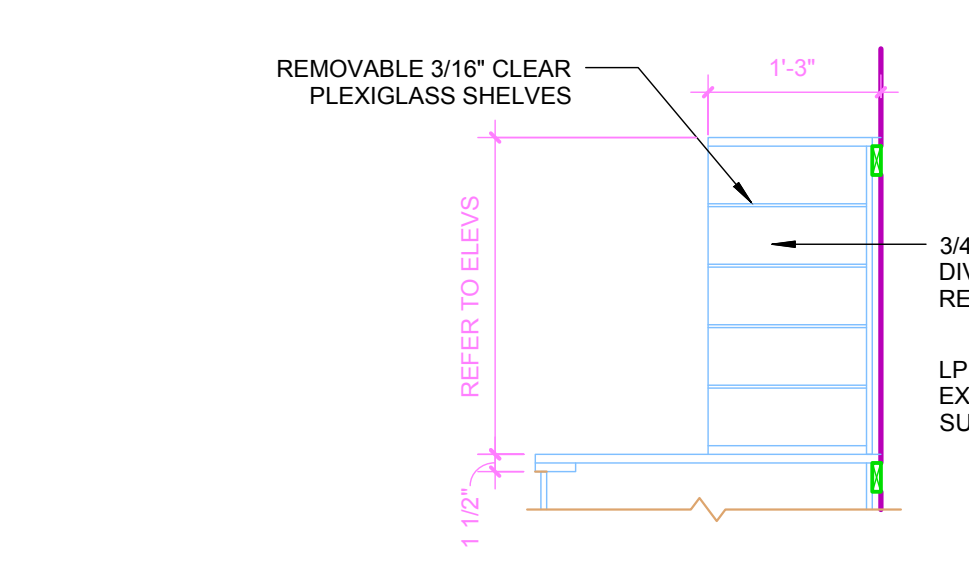
3B TYP HANDRAIL w/ BUMPER  
1 1/2" = 1'-0"



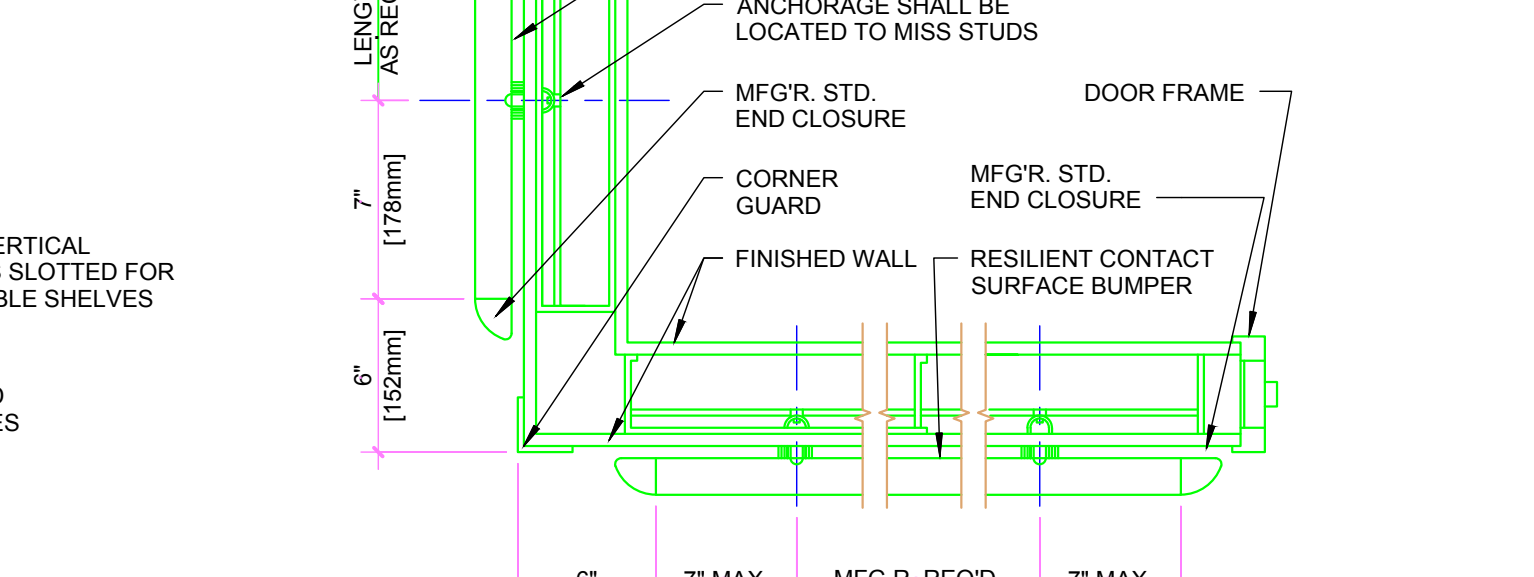
3C CORNER GUARD, SURFACE MOUNTED @ CORNER OF WALL  
3\"/>



3D CORNER GUARD, SURFACE MOUNTED @ CORNER OF WALL  
3\"/>



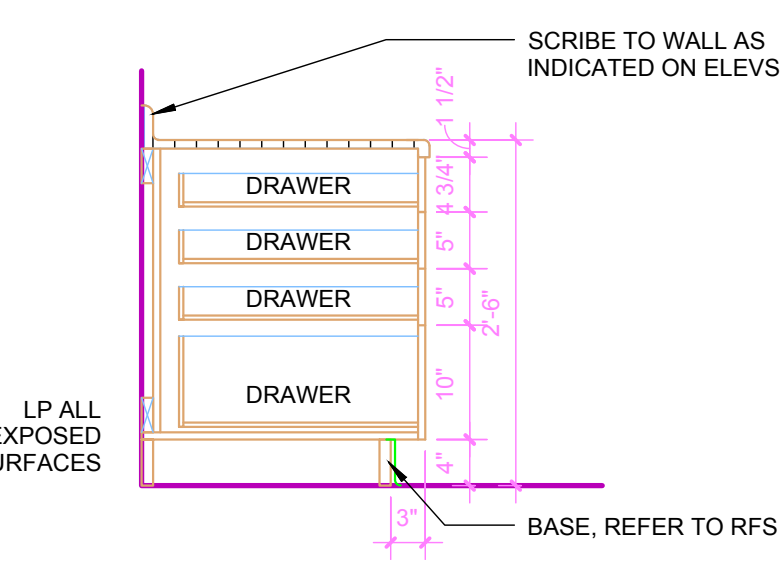
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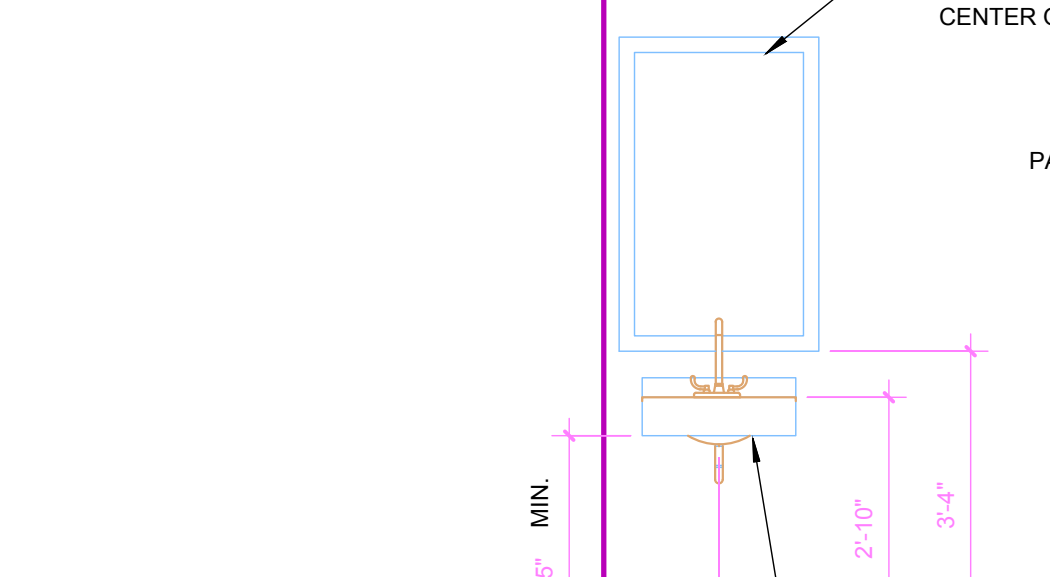
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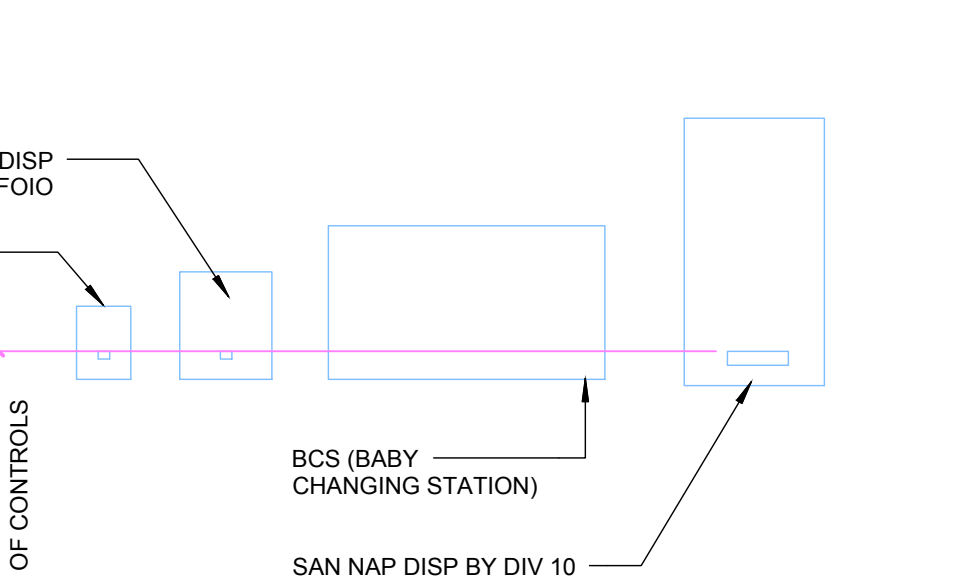
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1 1/2" = 1'-0"



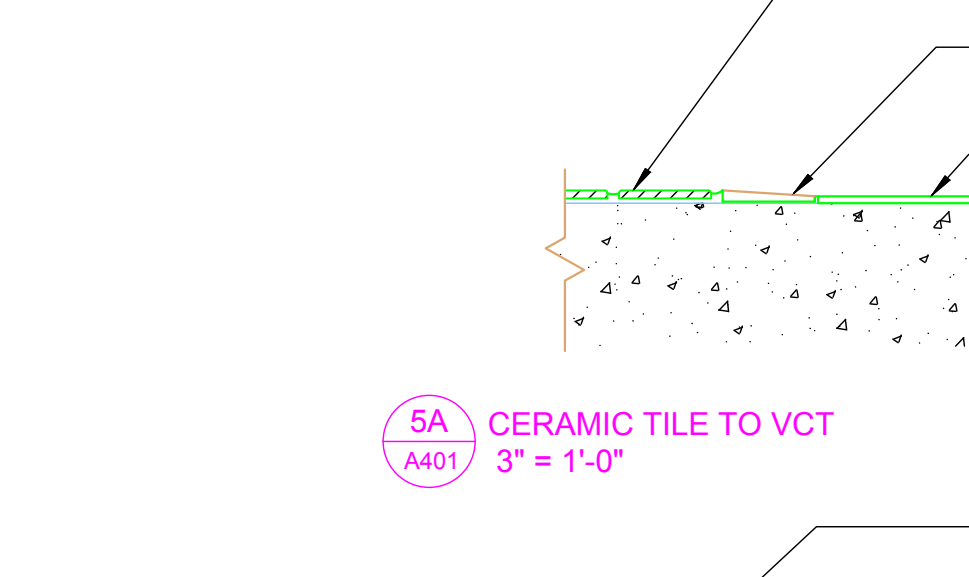
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1 1/2" = 1'-0"



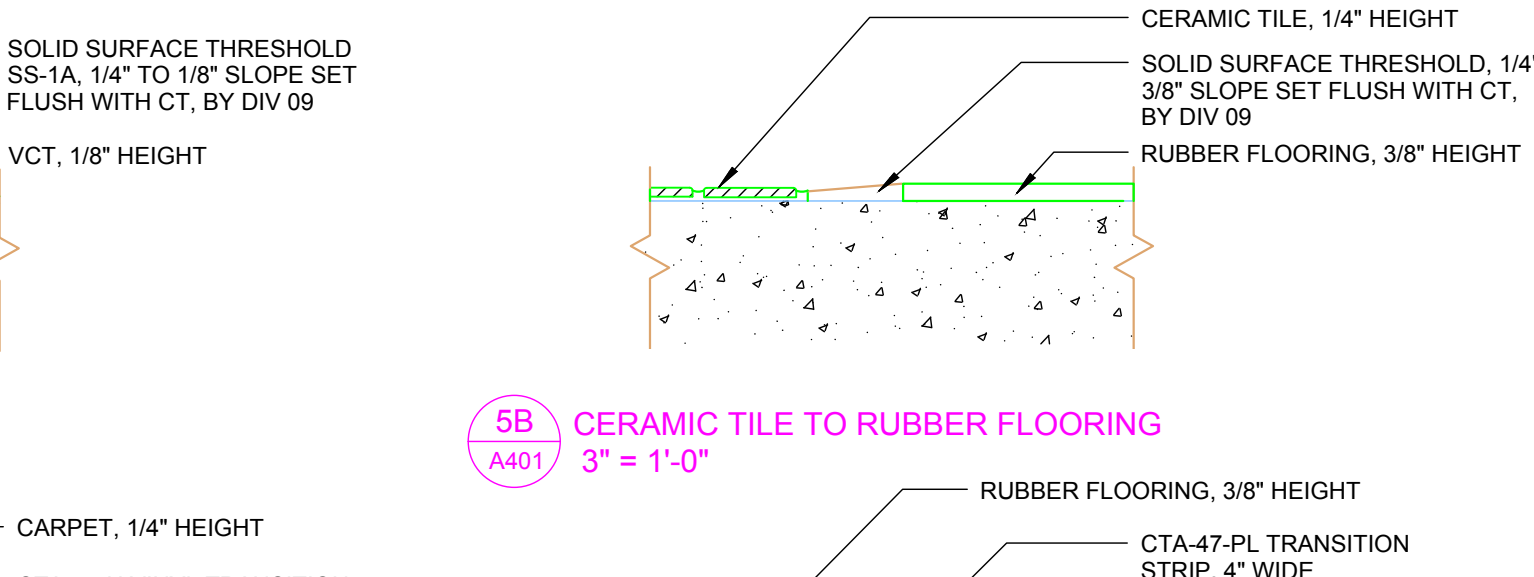
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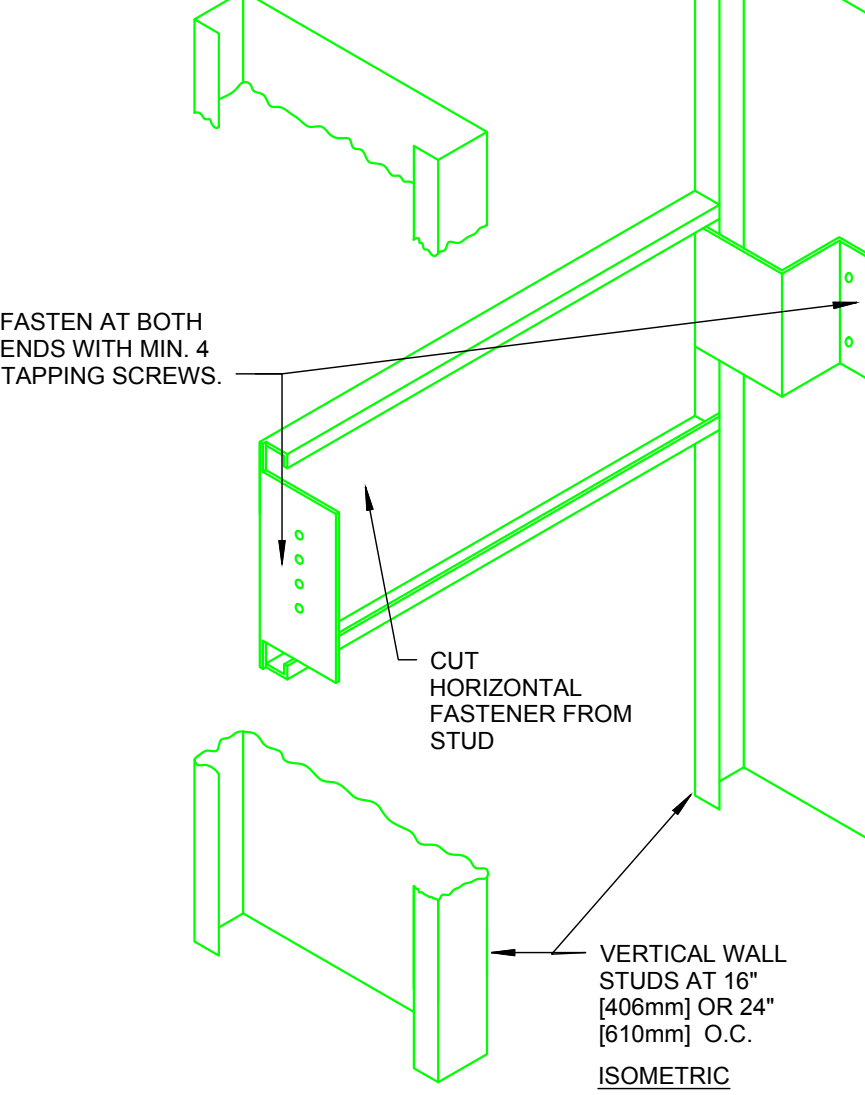
3D CORNER GUARD, SURFACE MOUNTED @ CORNER OF WALL  
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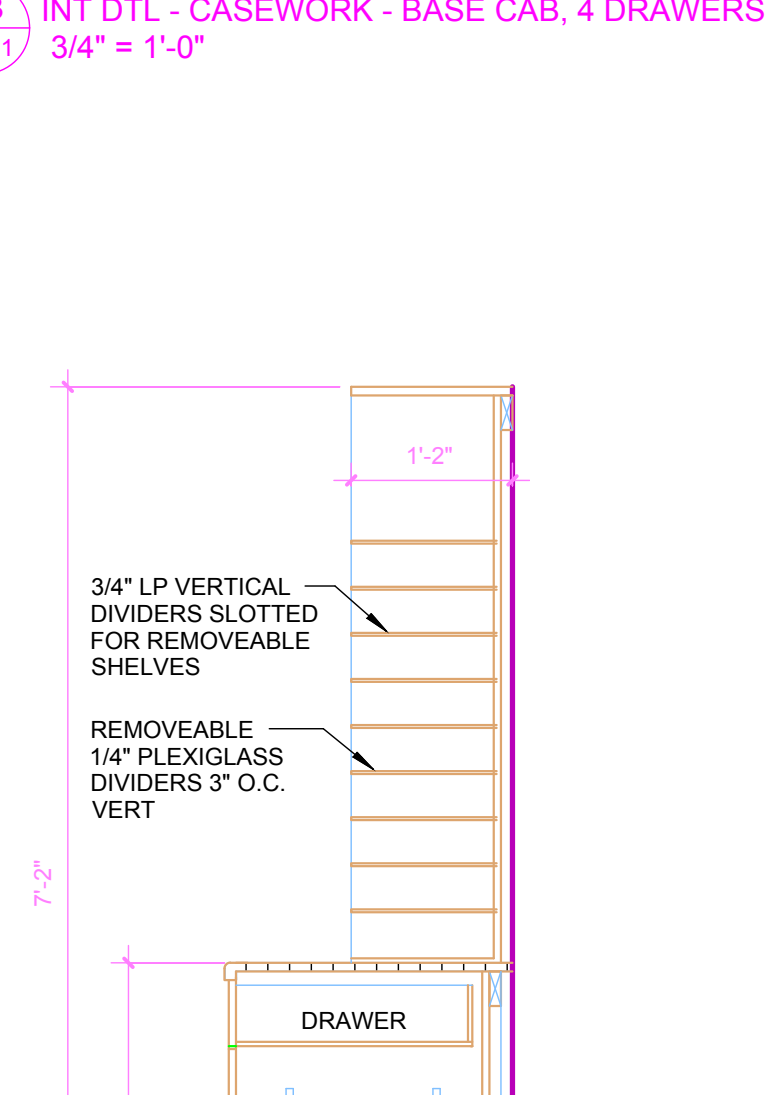
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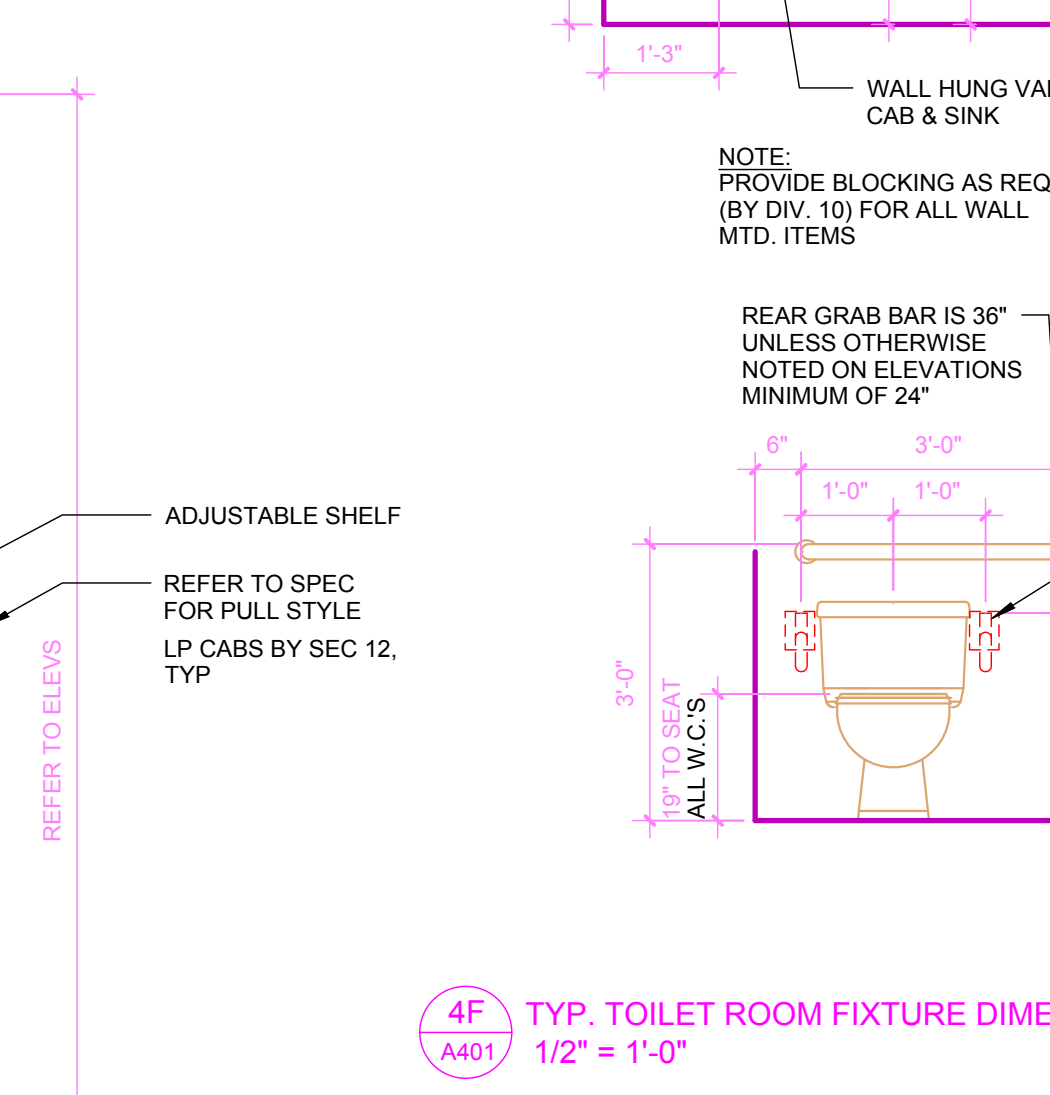
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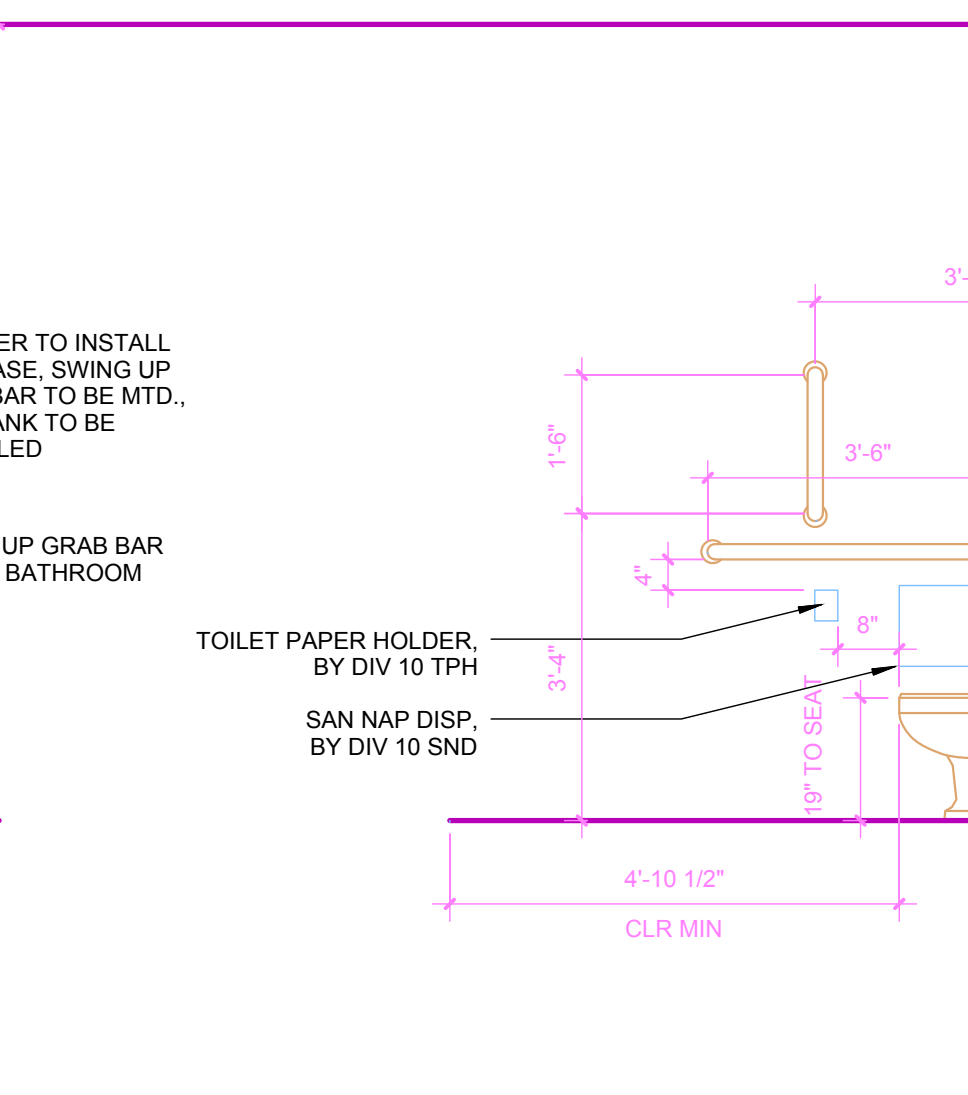
4A ANCHORAGE - GRAB BARS AND CABINETS



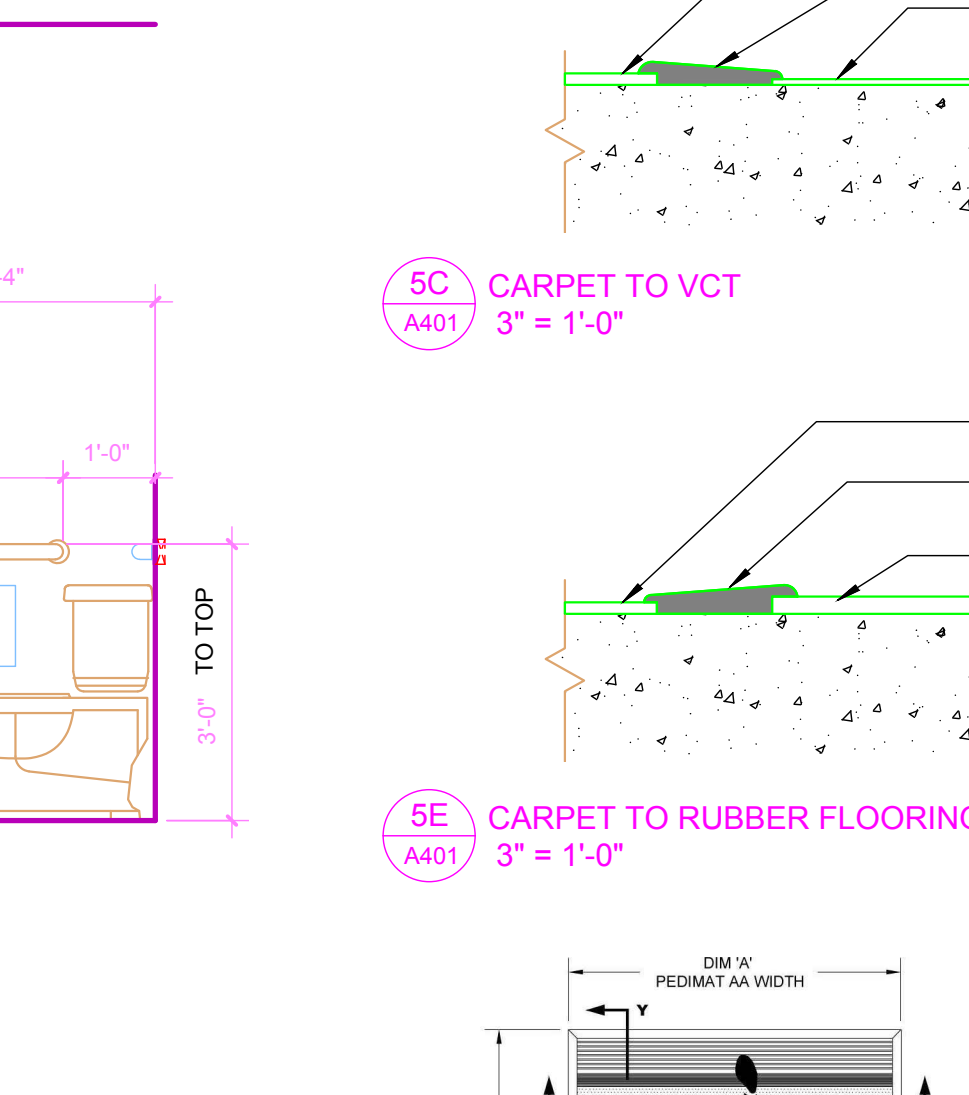
4B INT DTL - CASEWORK - BASE CAB, 4 DRAWERS  
3/4" = 1'-0"



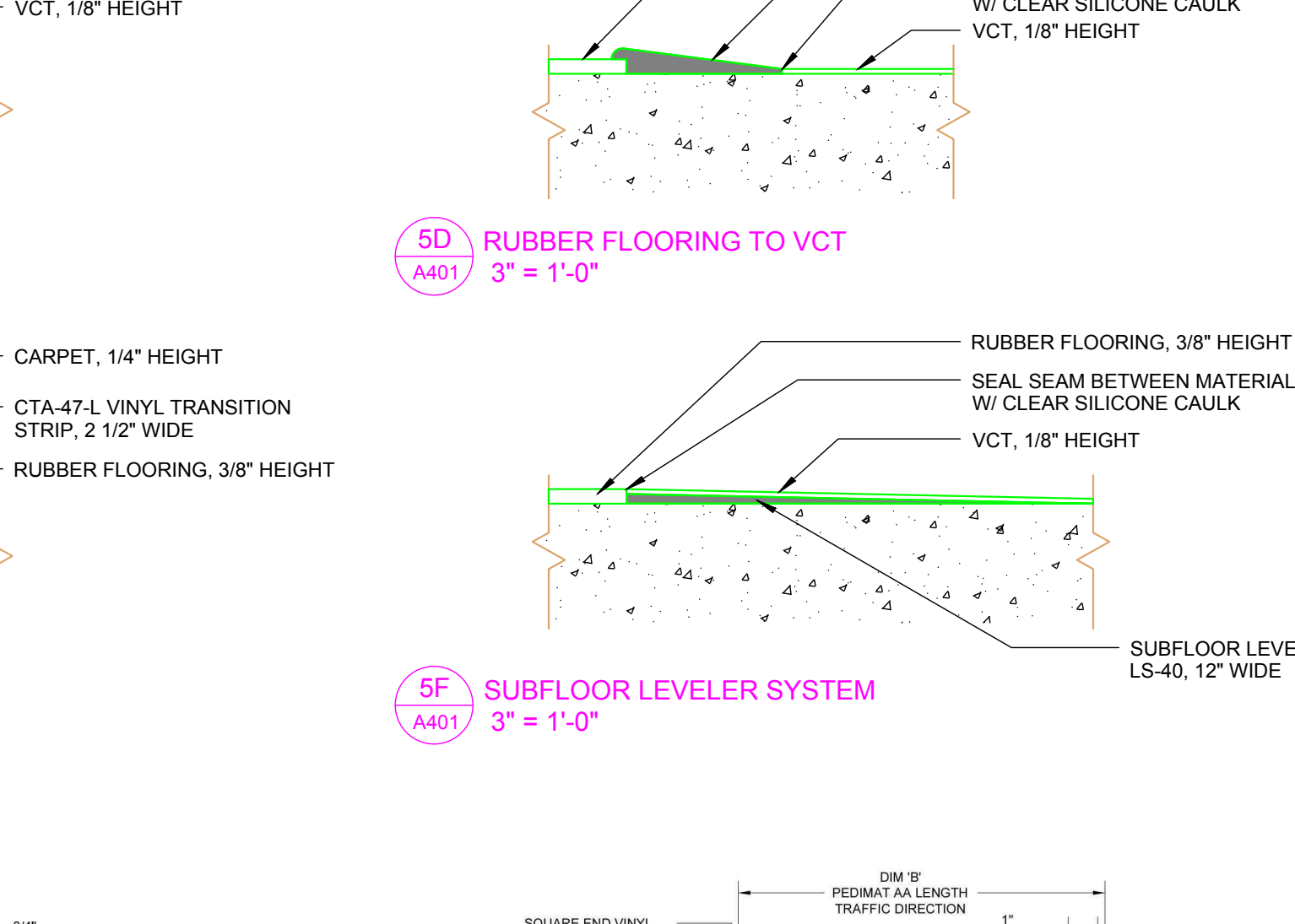
4C CORNER GUARD, SURFACE MOUNTED @ END OF WALL  
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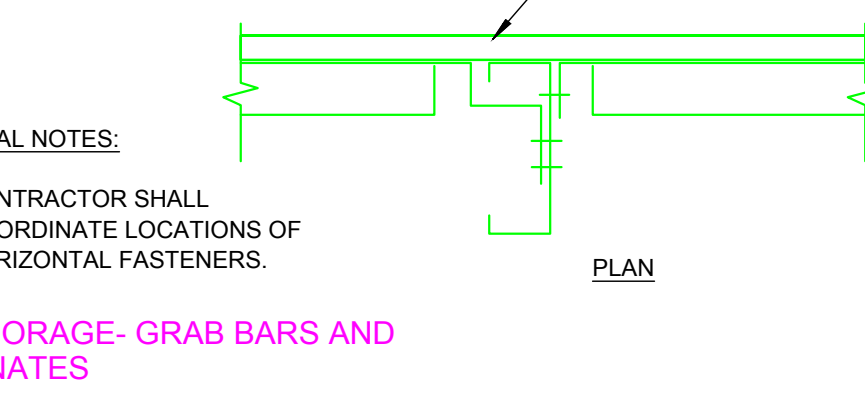
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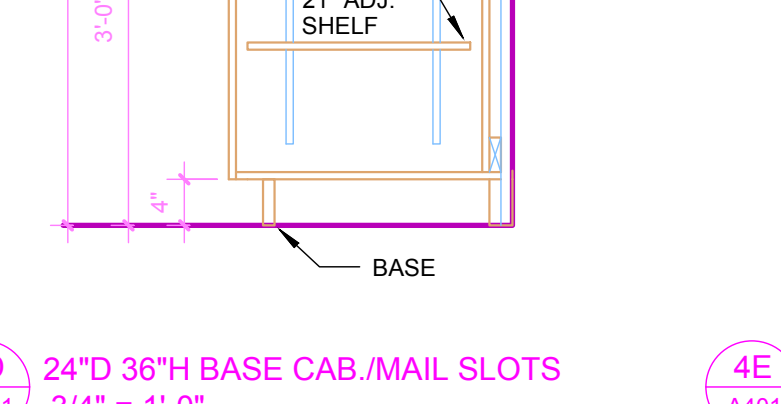
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4F TYP. TOILET ROOM FIXTURE DIMENSIONS  
1/2" = 1'-0"



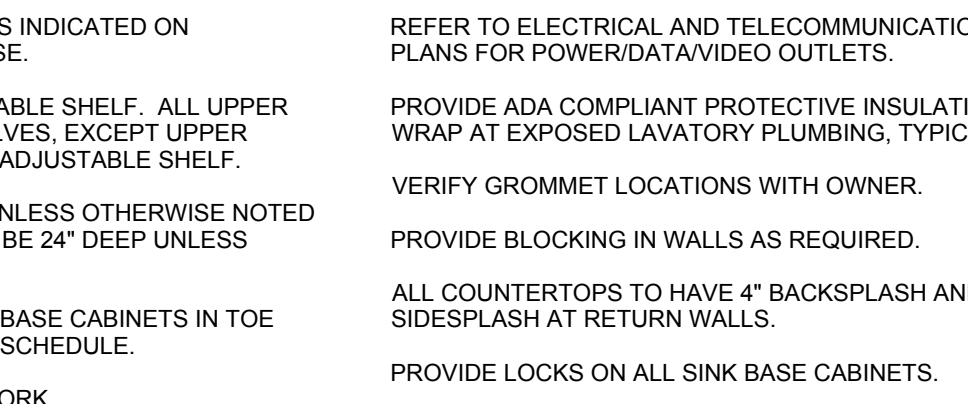
4A ANCHORAGE - GRAB BARS AND CABINETS



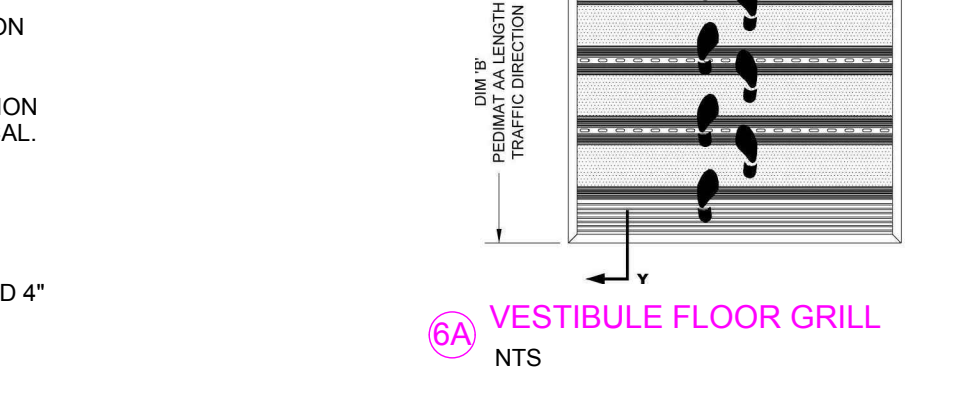
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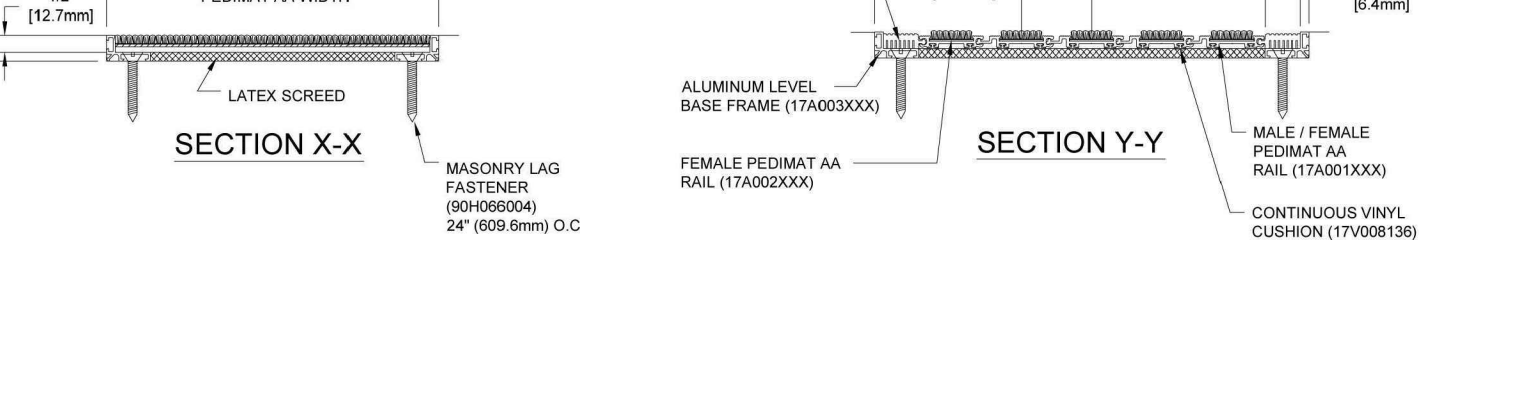
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4D 24\"/>

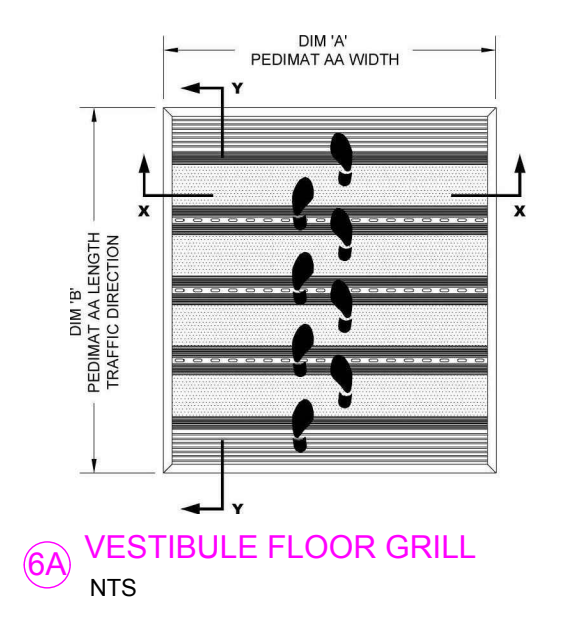


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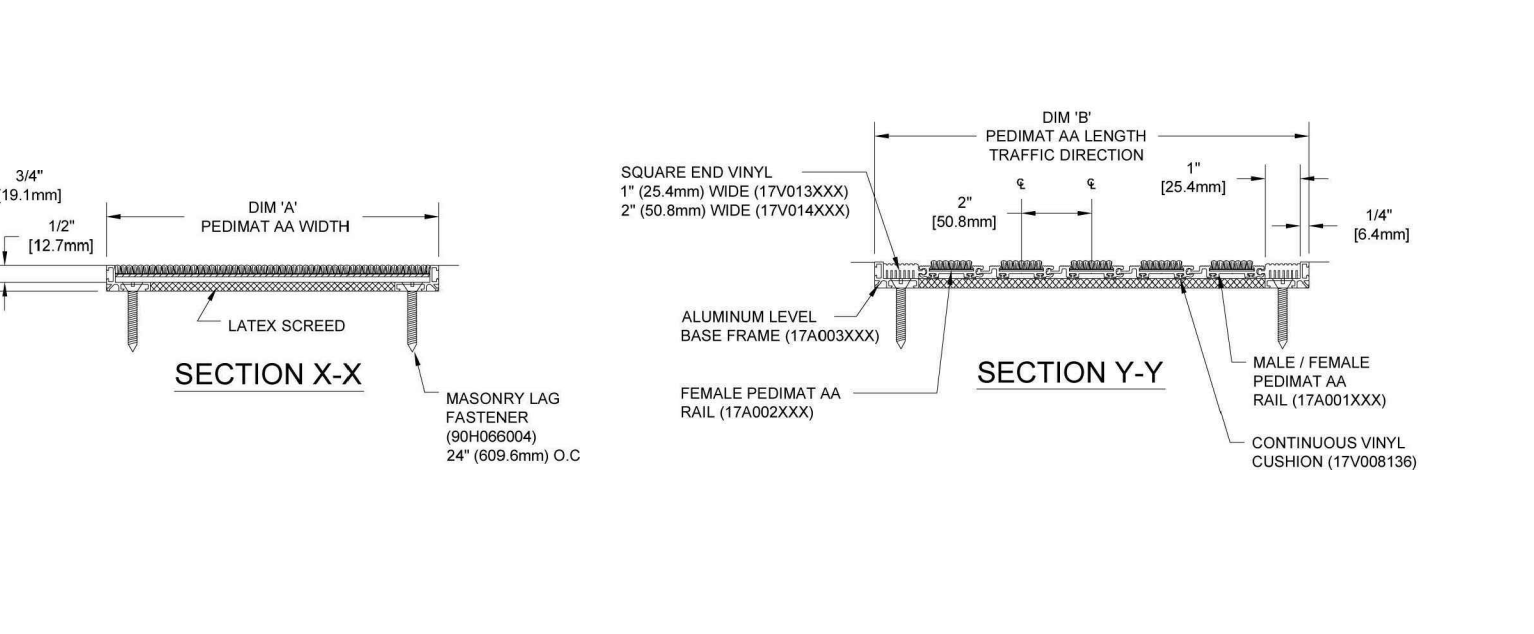


4F TYP. TOILET ROOM FIXTURE DIMENSIONS  
1/2" = 1'-0"

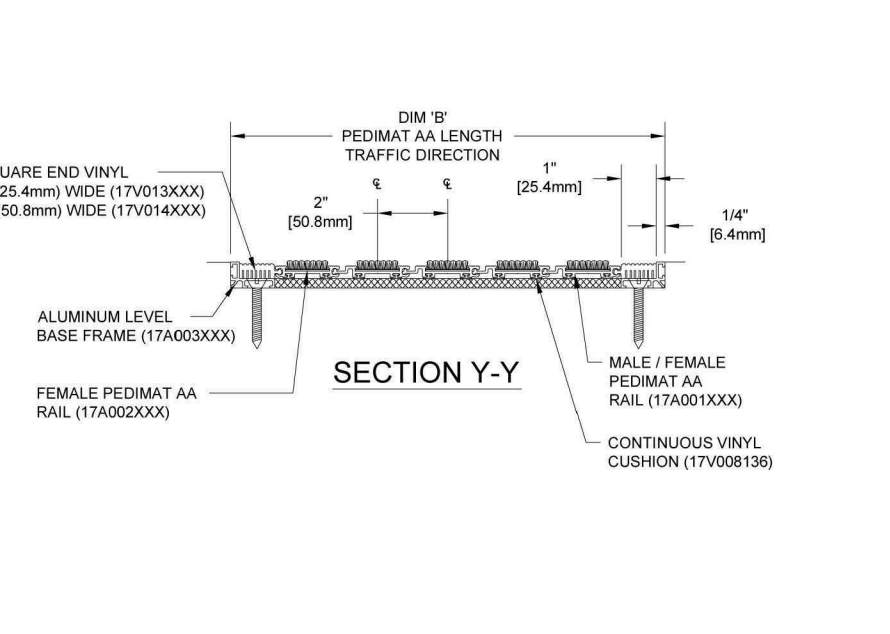
**GENERAL NOTES AT CASEWORK:**  
 ALL CASEWORK IS LAMINATE PLASTIC AS INDICATED ON ELEVATIONS, UNLESS NOTED OTHERWISE.  
 ALL BASE CABINETS TO HAVE 1 ADJUSTABLE SHELF. ALL UPPER CABINETS TO HAVE 2 ADJUSTABLE SHELVES. EXCEPT UPPER CABINETS 24" OR LESS HIGH TO HAVE 1 ADJUSTABLE SHELF.  
 ALL UPPER CABINETS TO BE 15" DEEP UNLESS OTHERWISE NOTED ON DRAWINGS. ALL BASE CABINETS TO BE 24" DEEP UNLESS OTHERWISE NOTED ON DRAWINGS.  
 INSTALL FLOOR BASE TO ALL LAMINATE BASE CABINETS IN TOE SPACE AS SCHEDULED IN ROOM FINISH SCHEDULE.  
 REFER TO ELECTRICAL AND TELECOMMUNICATION PLANS FOR POWER/DATA/VIDEO OUTLETS.  
 PROVIDE ADA COMPLIANT PROTECTIVE INSULATION WRAP AT EXPOSED LAVATORY PLUMBING, TYPICAL. VERIFY GROMMET LOCATIONS WITH OWNER.  
 PROVIDE BLOCKING IN WALLS AS REQUIRED.  
 ALL COUNTERTOPS TO HAVE 4" BACKSPLASH AND 4" SIDESPLASH AT RETURN WALLS.  
 PROVIDE LOCKS ON ALL SINK BASE CABINETS.



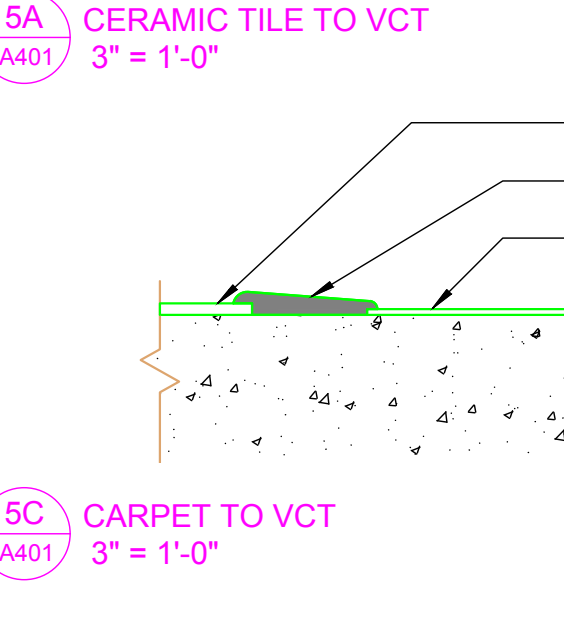
6A VESTIBULE FLOOR GRILL  
NTS



6B CERAMIC TILE TO VCT  
3" = 1'-0"



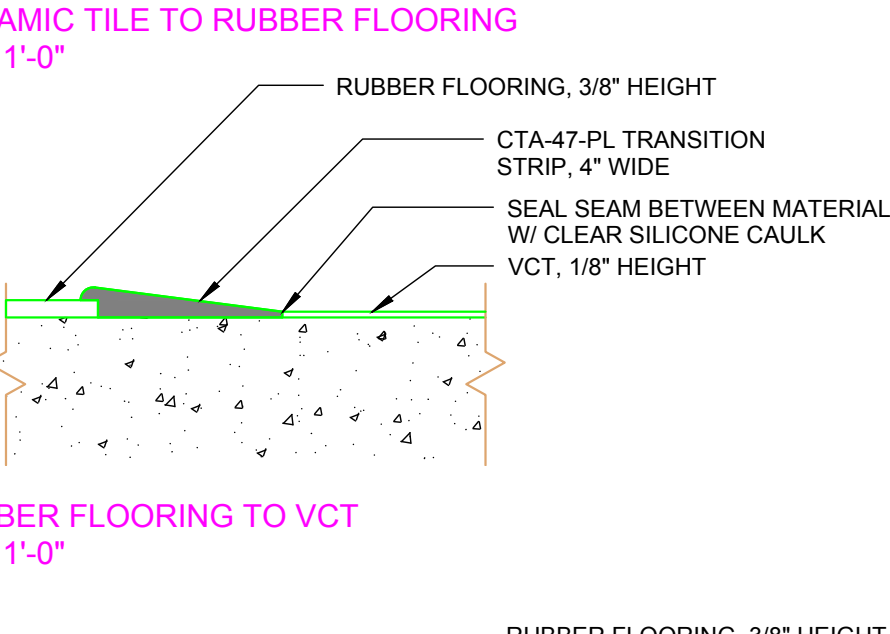
6C CERAMIC TILE TO RUBBER FLOORING  
3" = 1'-0"



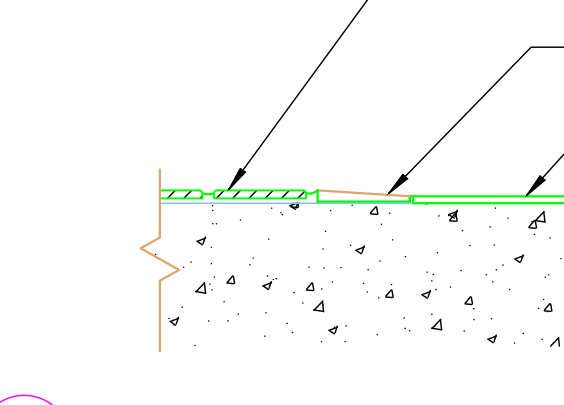
6A VESTIBULE FLOOR GRILL  
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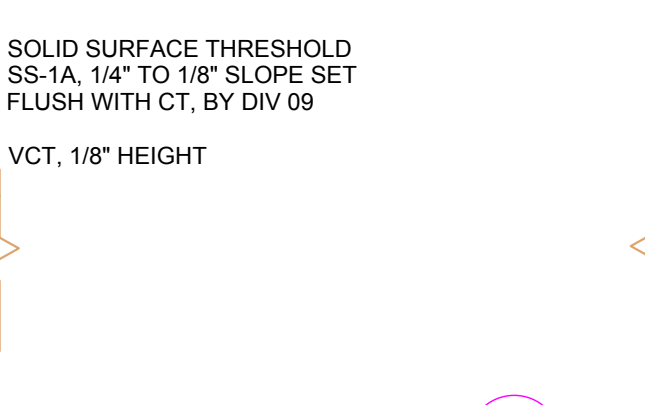
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3" = 1'-0"



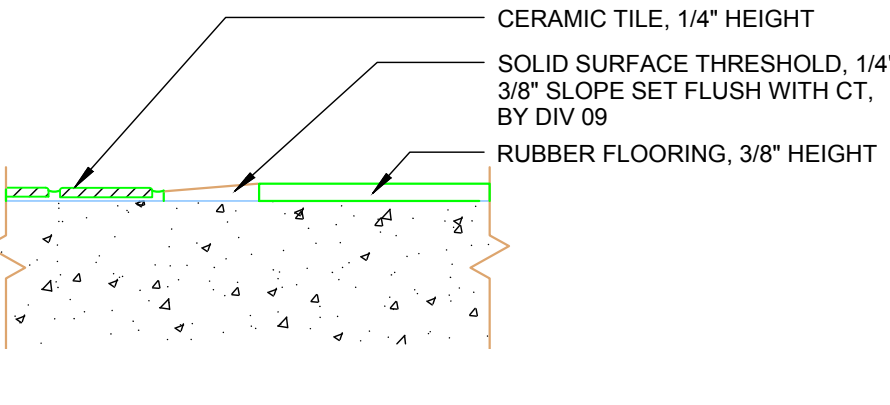
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3" = 1'-0"



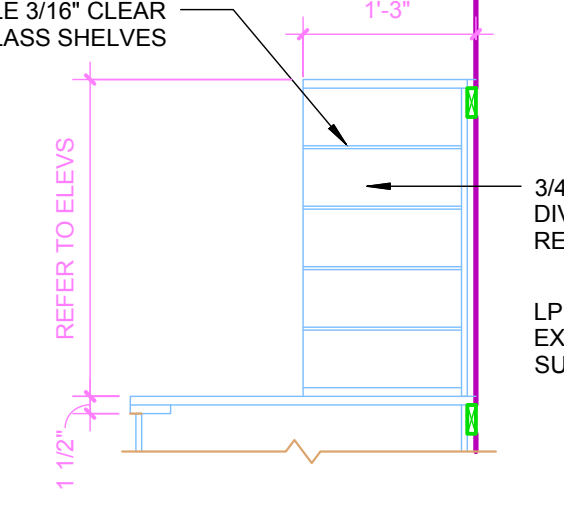
6A VESTIBULE FLOOR GRILL  
NTS



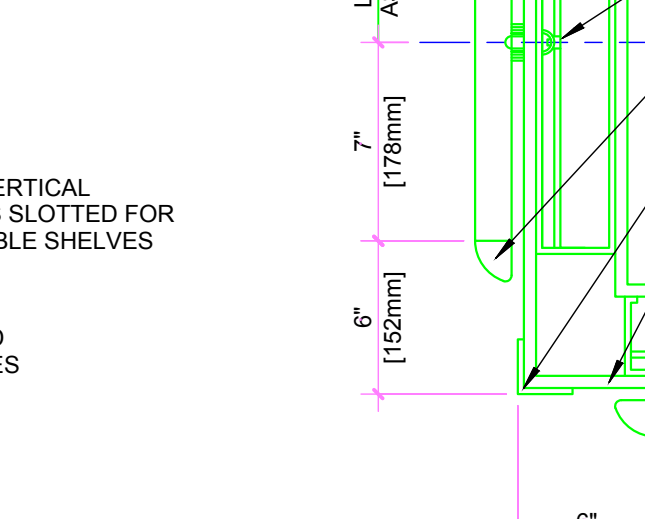
6B CERAMIC TILE TO VCT  
3" = 1'-0"



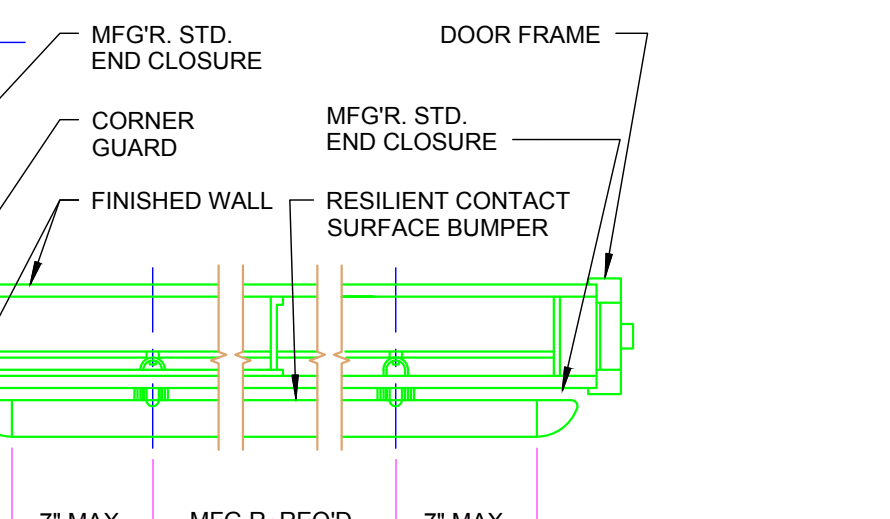
6C CERAMIC TILE TO RUBBER FLOORING  
3" = 1'-0"



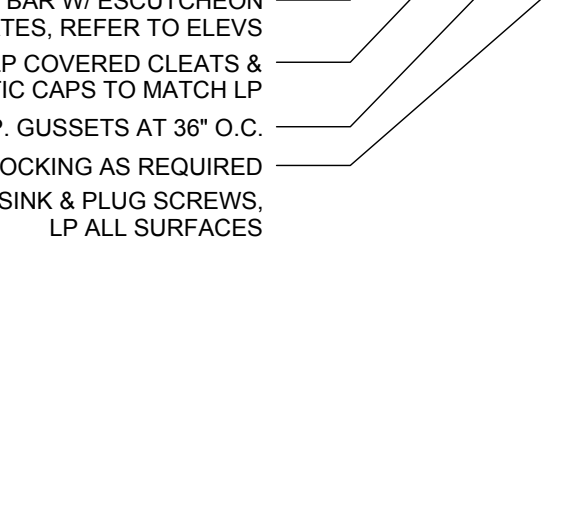
6A VESTIBULE FLOOR GRILL  
NTS



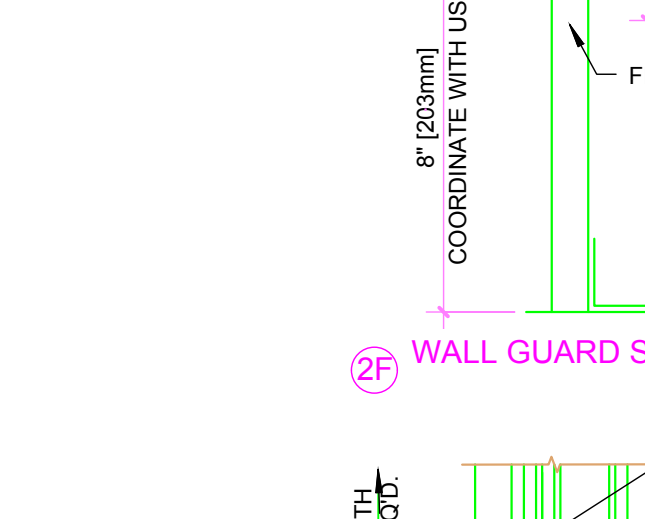
6B CERAMIC TILE TO VCT  
3" = 1'-0"



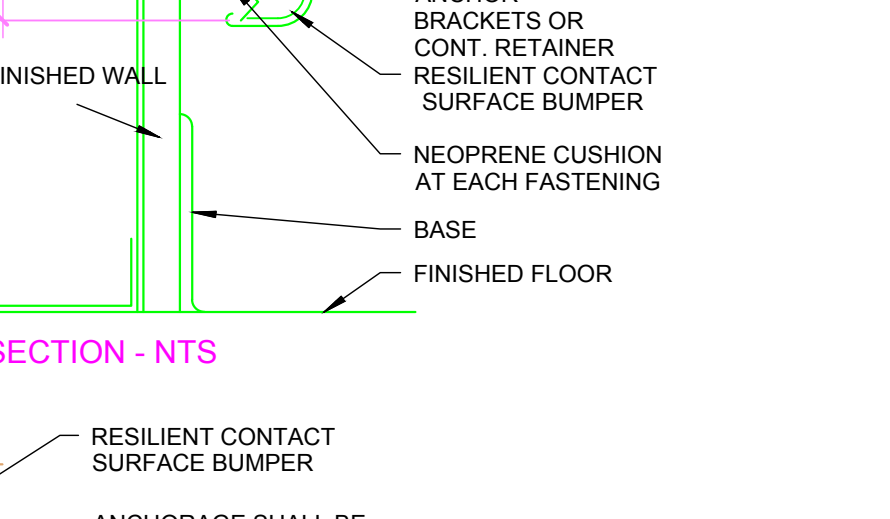
6C CERAMIC TILE TO RUBBER FLOORING  
3" = 1'-0"



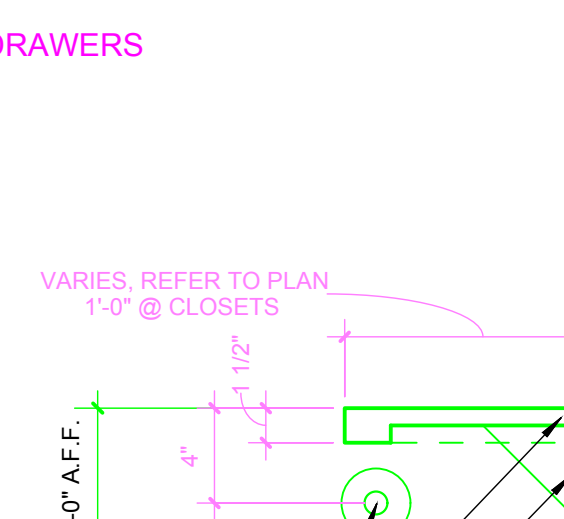
6A VESTIBULE FLOOR GRILL  
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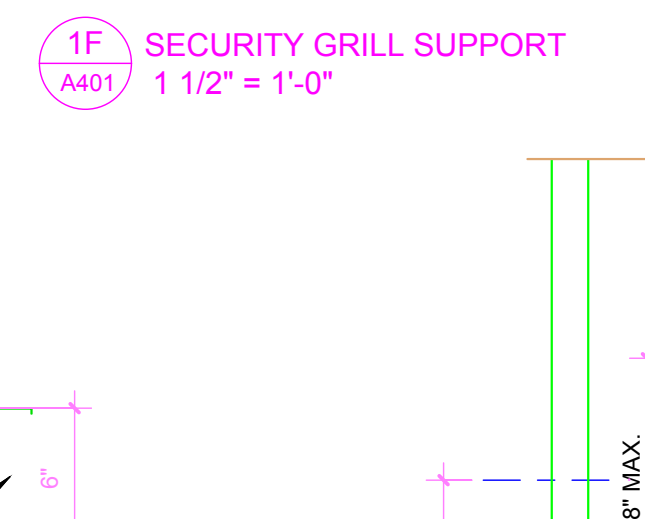
6B CERAMIC TILE TO VCT  
3" = 1'-0"



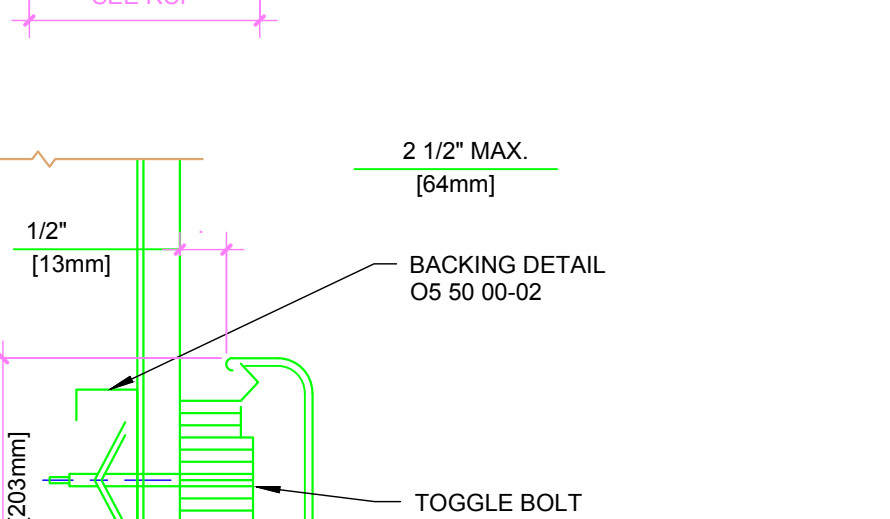
6C CERAMIC TILE TO RUBBER FLOORING  
3" = 1'-0"



6A VESTIBULE FLOOR GRILL  
NTS



6B CERAMIC TILE TO VCT  
3" = 1'-0"



6C CERAMIC TILE TO RUBBER FLOORING  
3" = 1'-0"

9/30/16	RECORD SET
NO	REVISION
	DATE

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4D 24\"/>

4E 24\"/>

4F TYP. TOILET ROOM FIXTURE DIMENSIONS  
 1/2" = 1'-0"

6A VESTIBULE FLOOR GRILL  
 NTS

6B CERAMIC TILE TO VCT  
 3" = 1'-0"

6C CERAMIC TILE TO RUBBER FLOORING  
 3" = 1'-0"

St. Cloud VA Health Care System  
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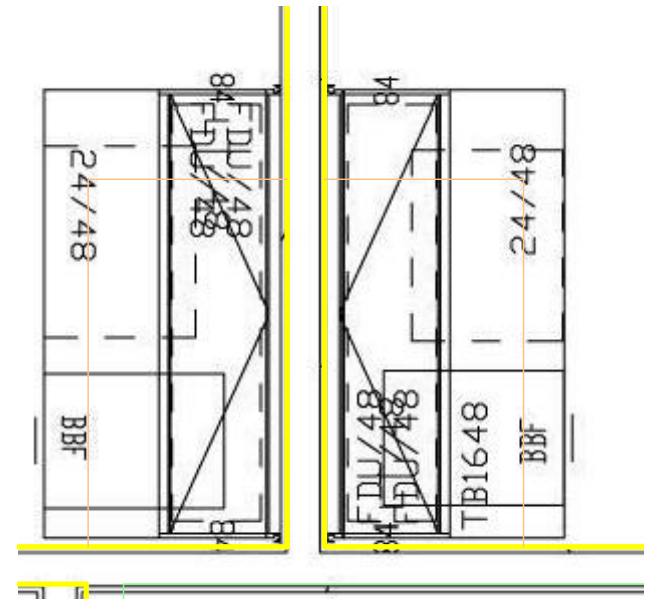
APPROVED: SERVICE LINE DIRECTOR DATE: 11/13/2018  
 APPROVED: GEMM COORDINATOR DATE: PROJECT NO: S1430  
 APPROVED: PROJECTS SECTION MANAGER DATE: PROJECT NO: S1430  
 APPROVED: DIRECTOR FMS DATE: DRAWING NO: A401

APPROVED: MEDICAL CENTER DIRECTOR DATE: 11/13/2018  
 PROJECT TITLE: REHABILITATION CENTER PROJECT #656-332  
 PROJECT NO: S1430  
 BUILDING NO: 116  
 SHEETED BY: [blank]  
 DRAWN BY: [blank]  
 CHECKED BY: [blank]  
 DATE: 11/13/2018  
 DRAWING NO: A401

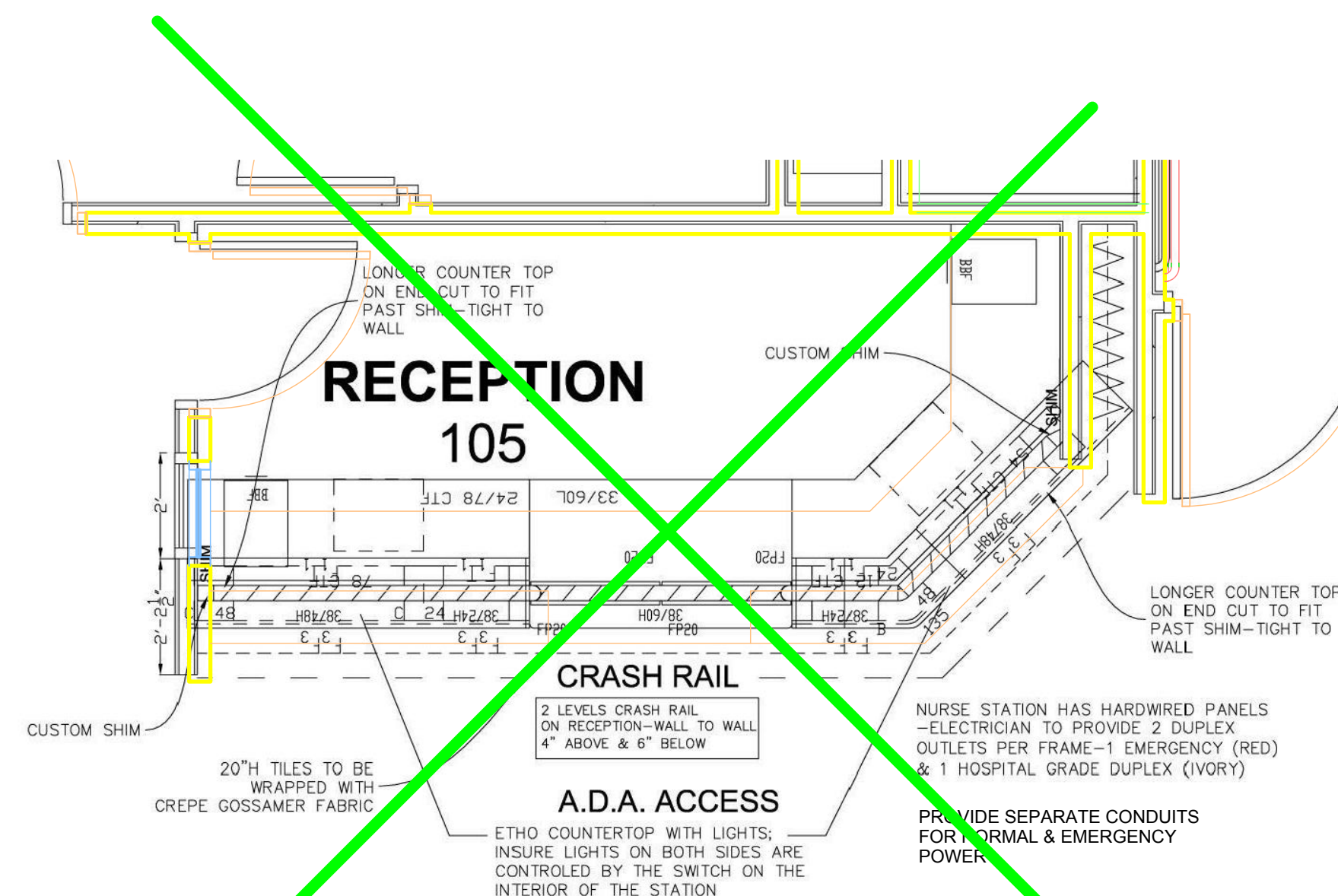
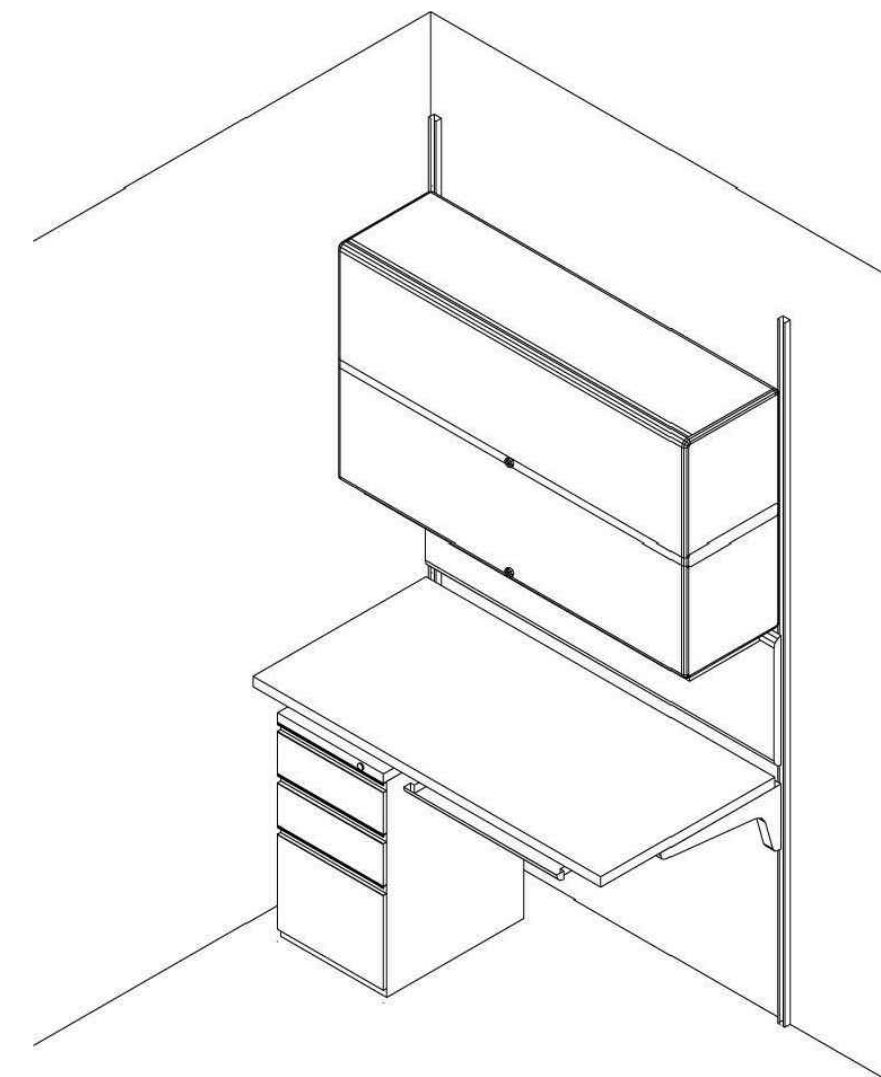
APPROVED: CHIEF OF STAFF DATE: 11/13/2018  
 APPROVED: CHIEF OF POLICE DATE: 11/13/2018  
 APPROVED: PATIENT SAFETY DATE: 11/13/2018  
 APPROVED: SAFETY MANAGER DATE: 11/13/2018

APPROVED: INFECTIOUS CONTROL NURSE DATE: 11/13/2018  
 APPROVED: PATIENT SAFETY DATE: 11/13/2018  
 APPROVED: CHIEF OF POLICE DATE: 11/13/2018  
 APPROVED: SAFETY MANAGER DATE: 11/13/2018

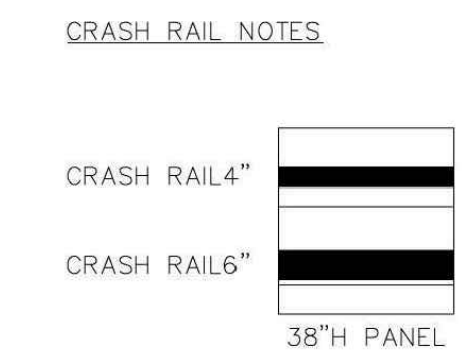
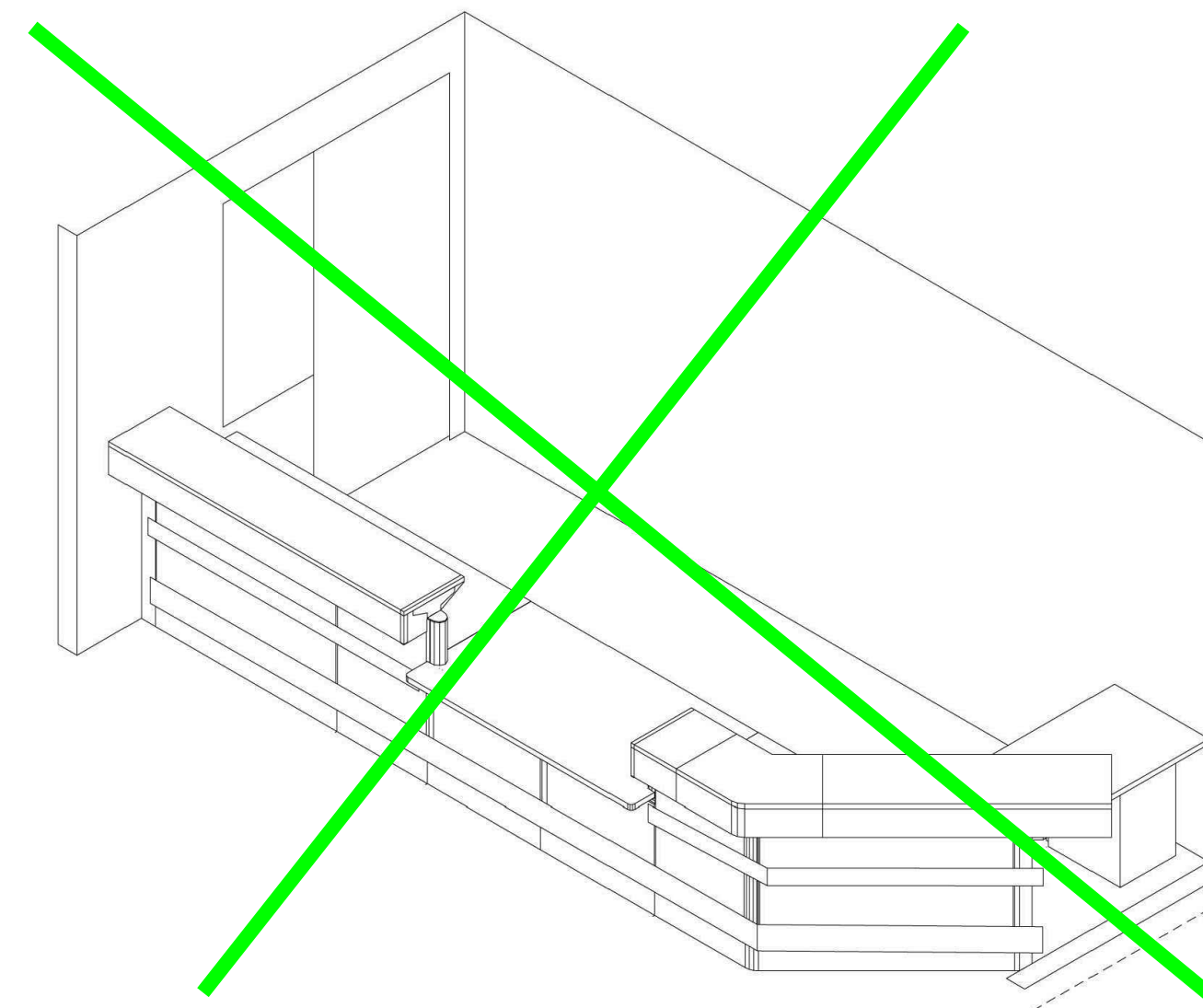
APPROVED: SERVICE LINE DIRECTOR DATE: 11/13/2018  
 APPROVED: GEMM COORDINATOR DATE: PROJECT NO: S1430  
 APPROVED: PROJECTS SECTION MANAGER DATE: PROJECT NO: S1430  
 APPROVED: DIRECTOR FMS DATE: DRAWING NO: A401



1 TREATMENT RM MODULAR CASEWORK  
1/2" = 1'-0"



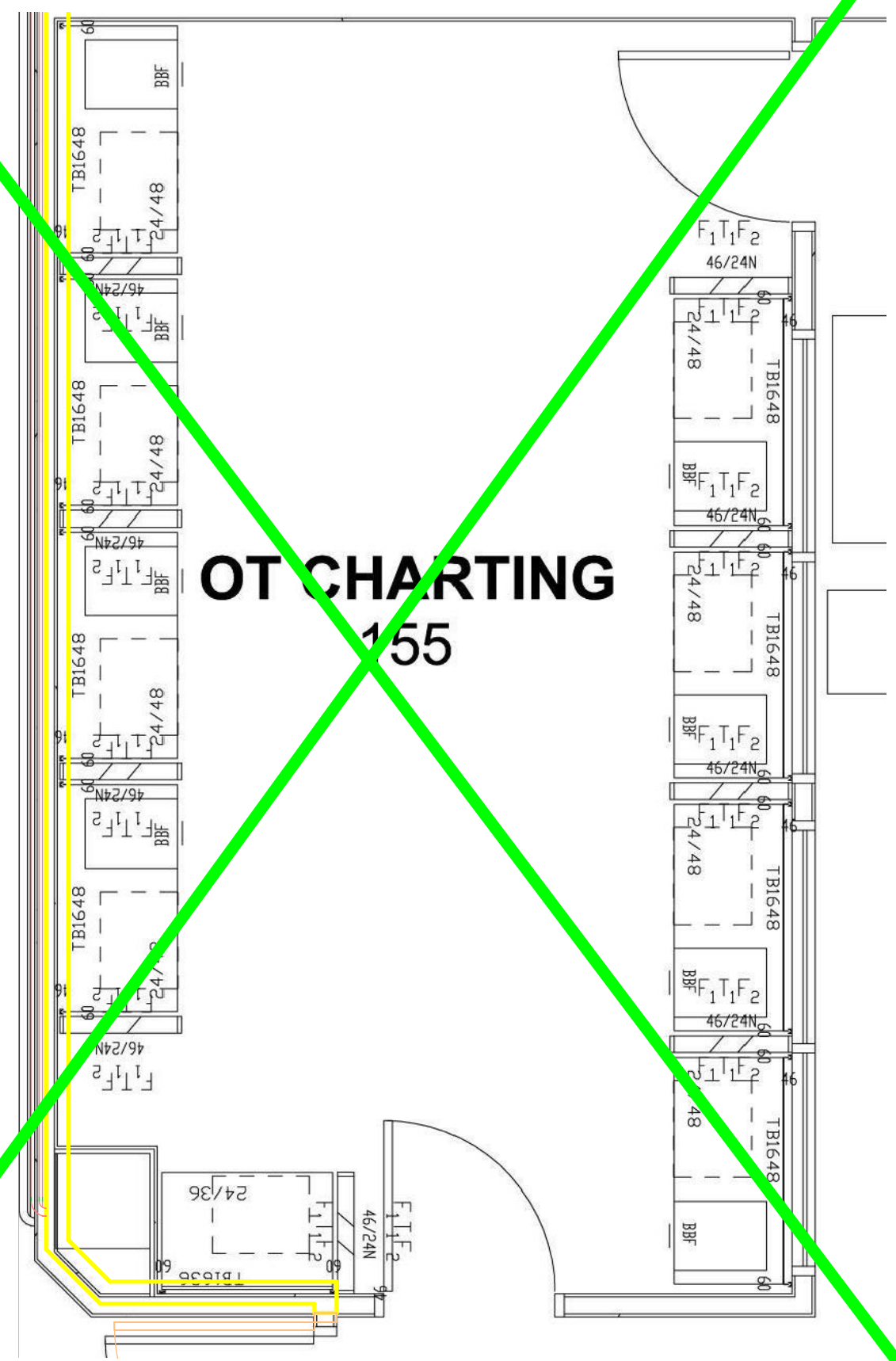
2 RECEPTION DESK MODULAR CASEWORK  
3/8" = 1'-0"



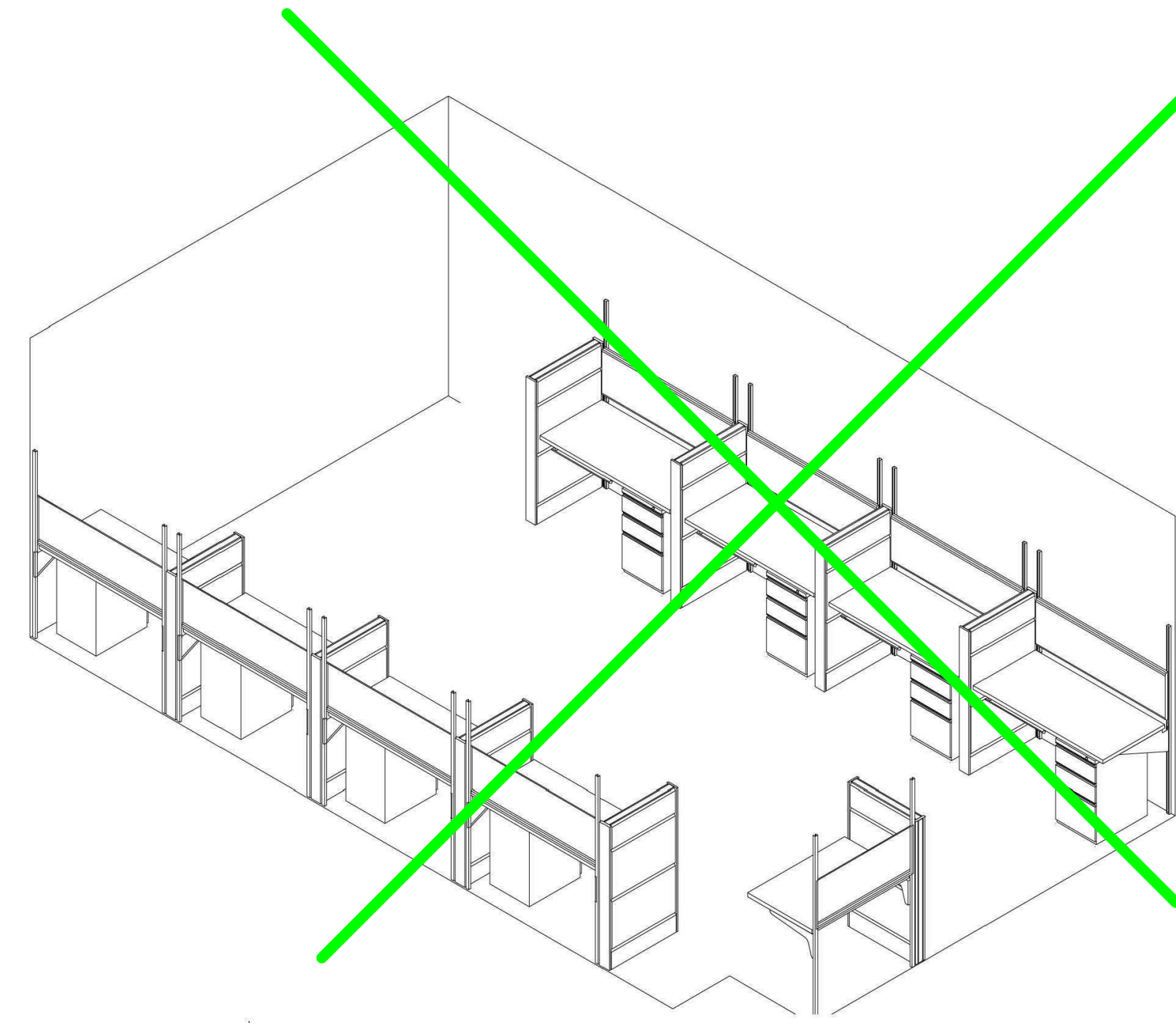
INSTALLATION NOTES:  
4" CRASHRAIL, TOP AT APPROX. 33.3"H  
6" CRASHRAIL, TOP AT APPROX. 14.5"H

CRASH RAIL ELEV.

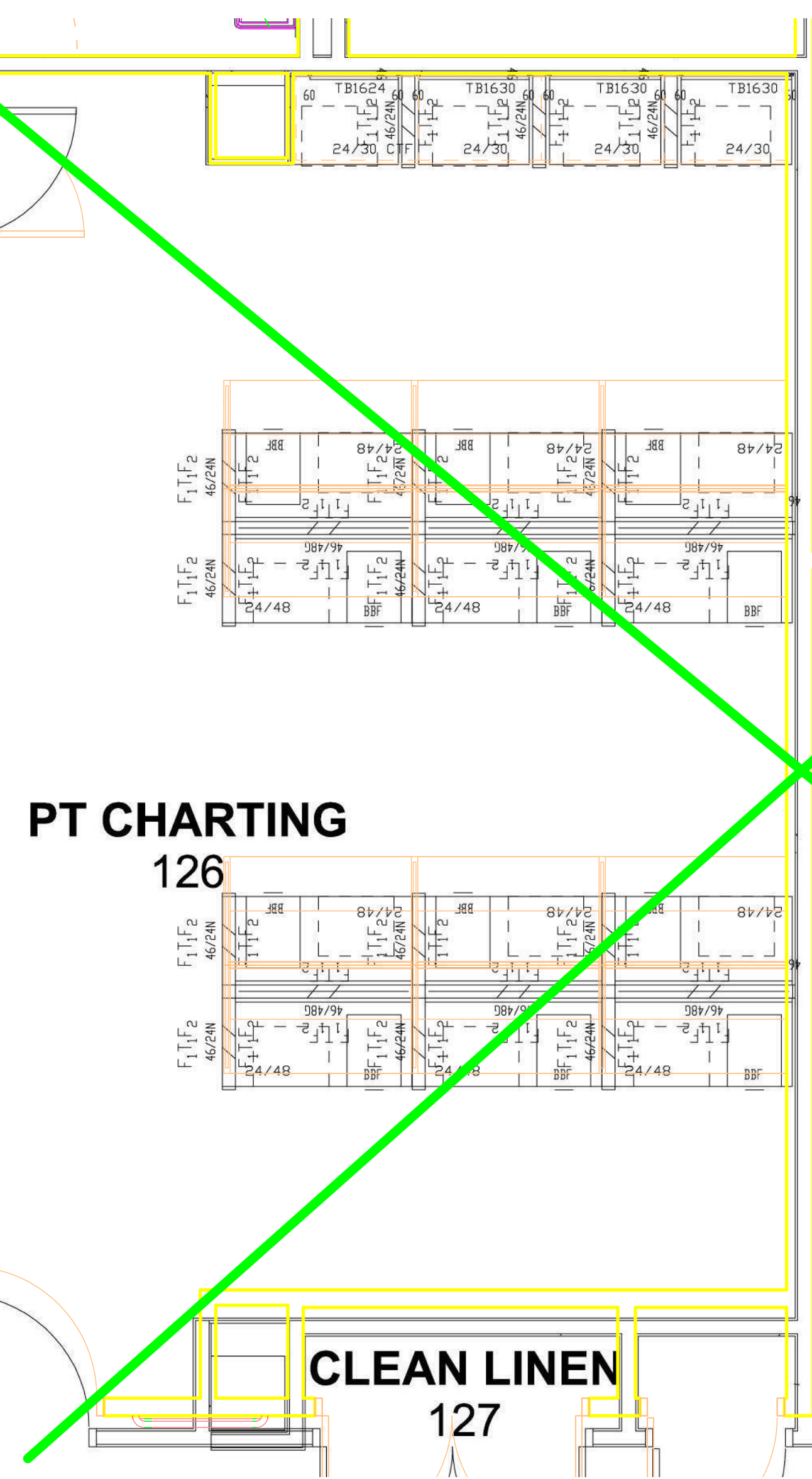
NEW WORK



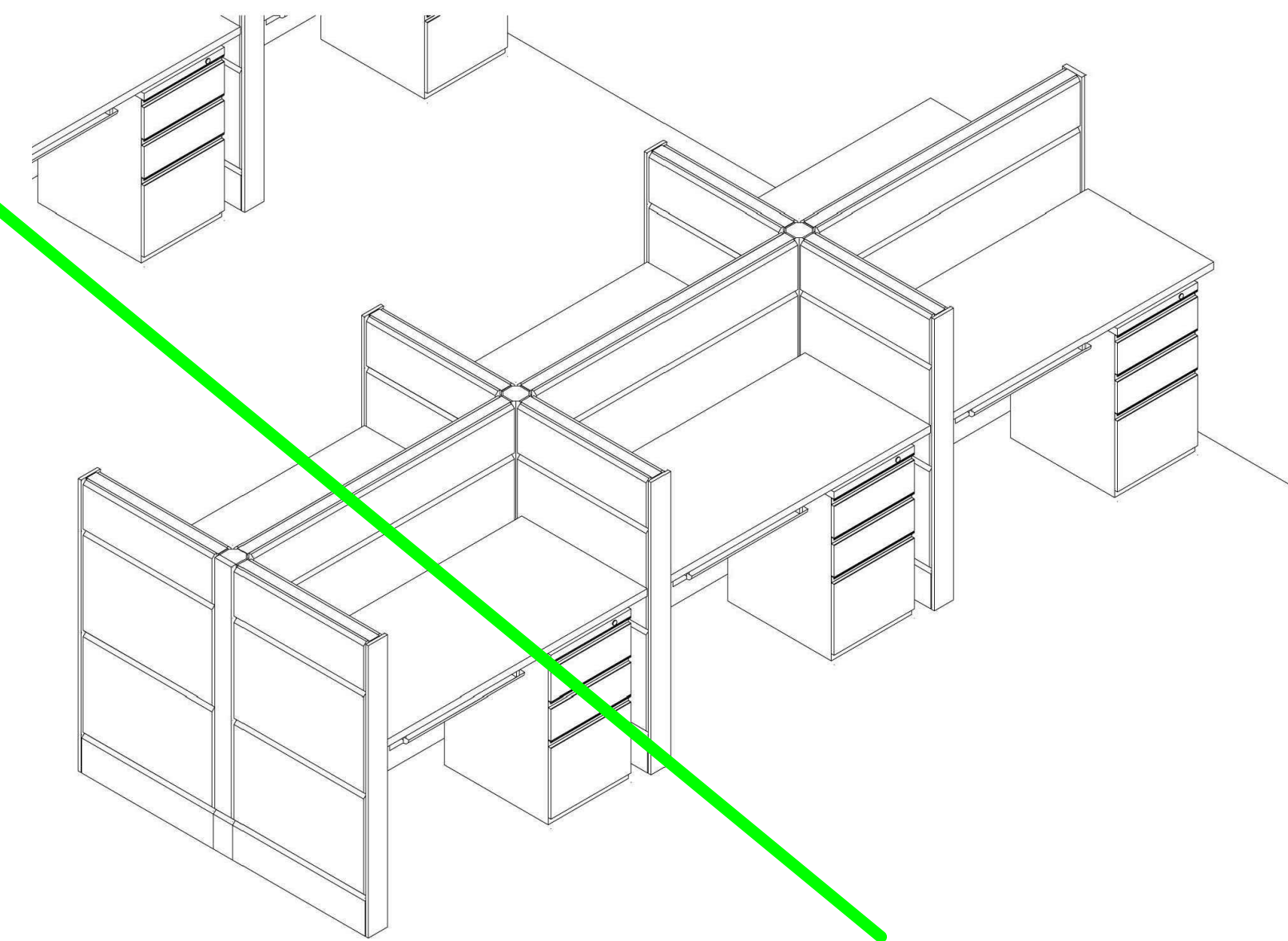
3 OT CHARTING RM MODULAR CASEWORK  
3/8" = 1'-0"



ROOM NOT CONSTRUCTED



4 PT CHARTING RM MODULAR CASEWORK  
3/8" = 1'-0"



1	9/30/16	RECORD SET
No	REVISION	DATE

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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.

*Sarah Mah*  
Date Made: \_\_\_\_\_ License No. 40003

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APPROVED SERVICE LINE DIRECTOR	DATE	APPROVED INFECTION CONTROL NURSE	DATE
APPROVED GEMS COORDINATOR	DATE	APPROVED PATIENT SAFETY	DATE
APPROVED PROJECTS SECTION MANAGER	DATE	APPROVED CHIEF OF POLICE	DATE
APPROVED DIRECTOR FMS	DATE	APPROVED SAFETY MANAGER	DATE

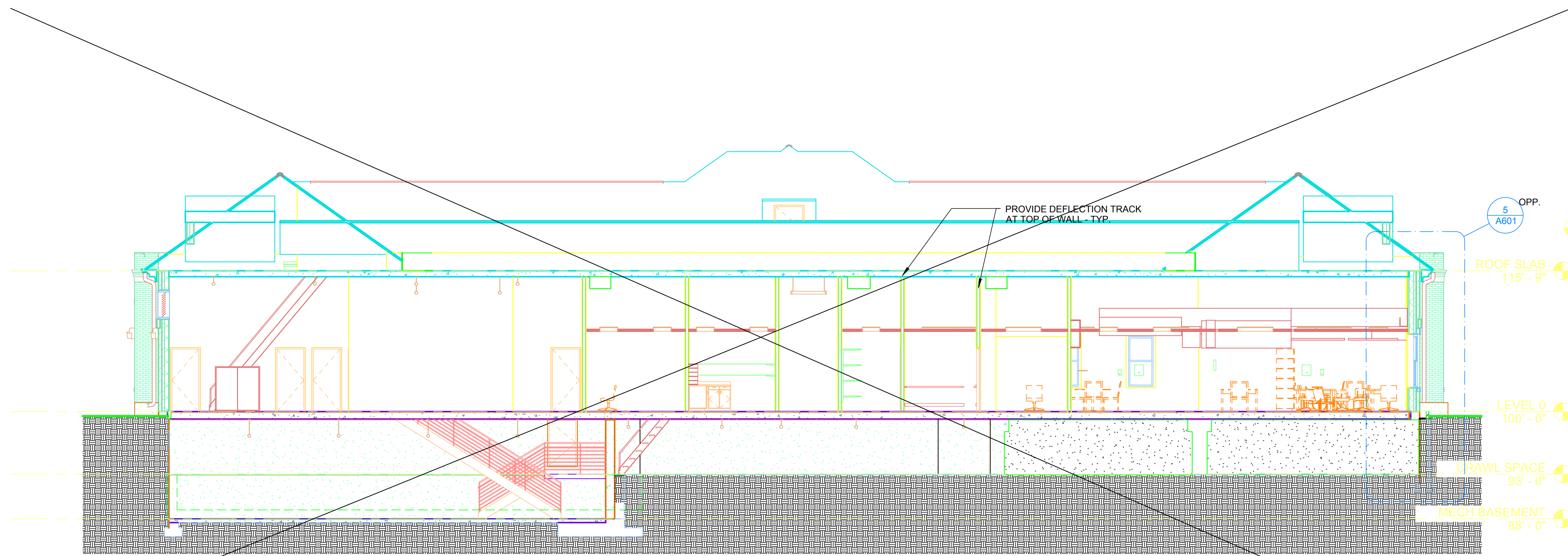
DRAWING TITLE  
**INTERIOR DETAILS - MODULAR CASEWORK**

APPROVED CHIEF OF STAFF

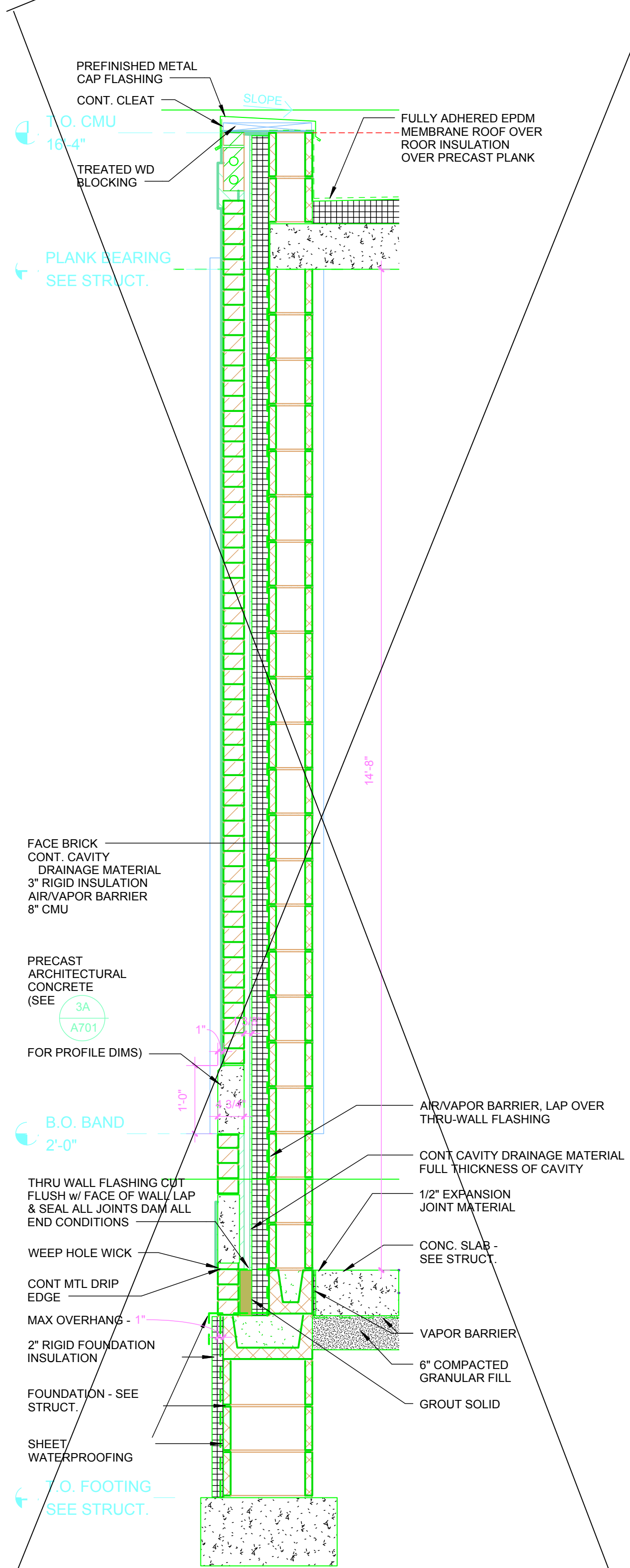
APPROVED MEDICAL CENTER DIRECTOR

PROJECT TITLE	DATE
REHABILITATION CENTER PROJECT #056-332	11/13/2018
St. Cloud VA Health Care System	POST SCALE
PROJECT NO.	DRAWING NO.
S1430	116
DATE	CHECKED BY
	DRAWN
DATE	DRAWING NO.
	A403

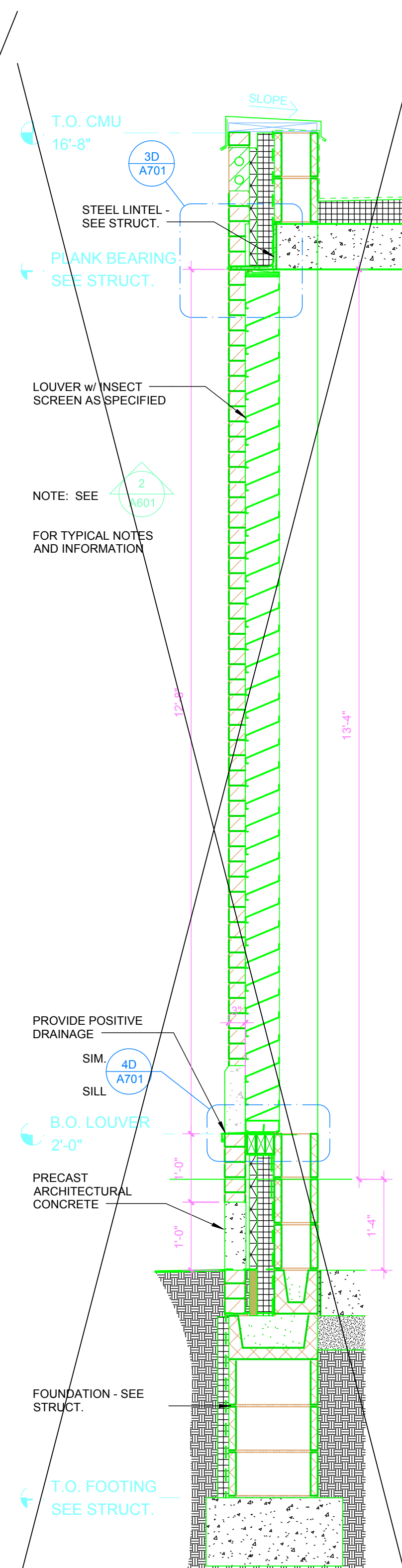
**St. Cloud VA Health Care System**  
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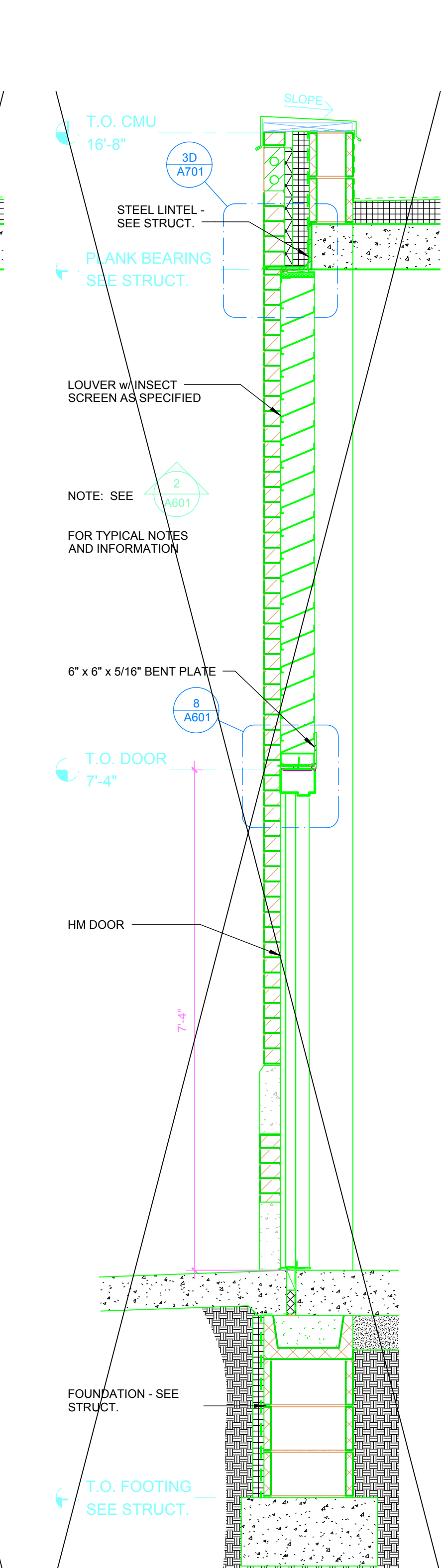
1 EW BUILDING SECTION  
3/4" = 1'-0"



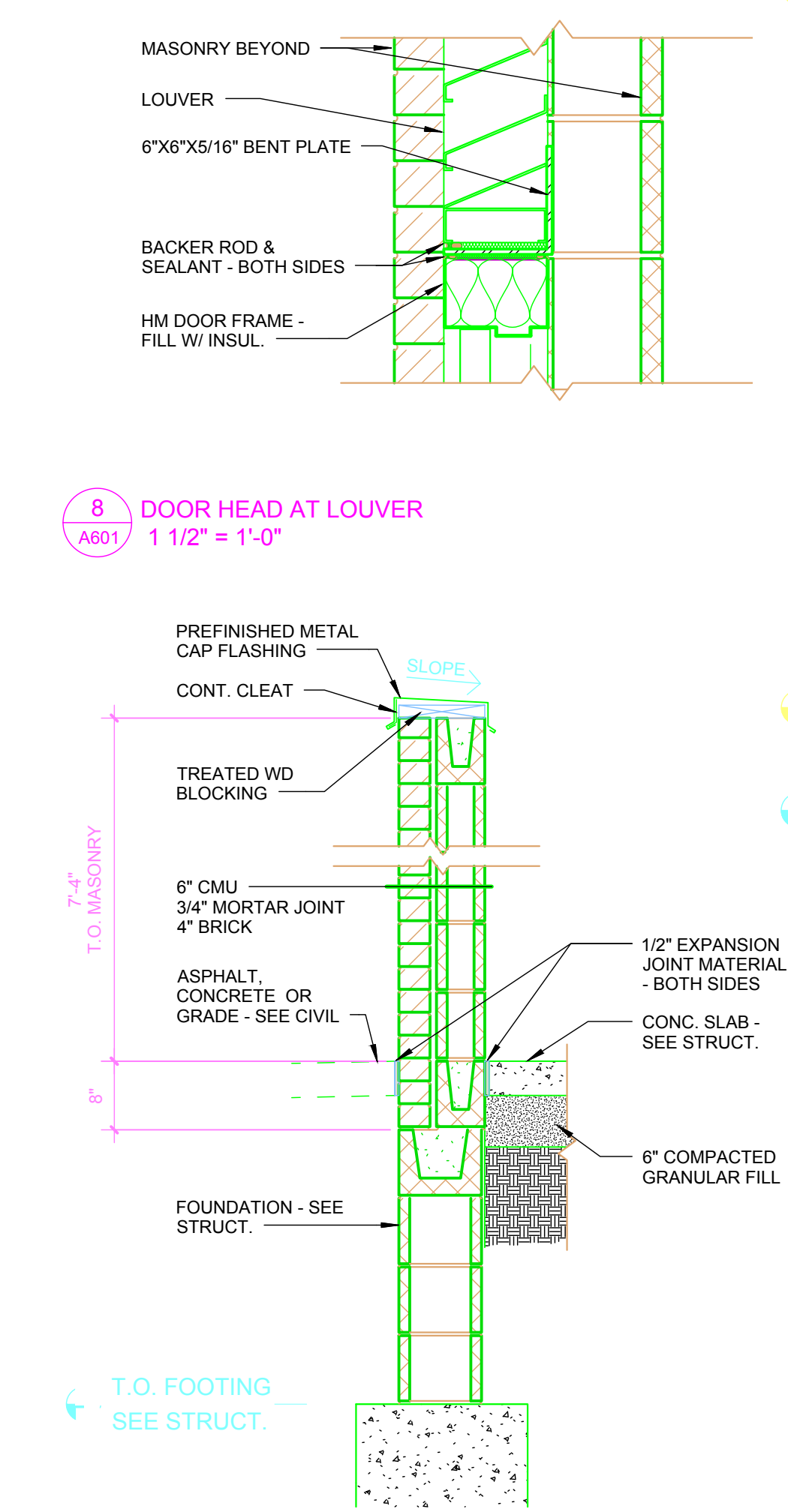
2 GENERATOR BUILDING  
3/4" = 1'-0"



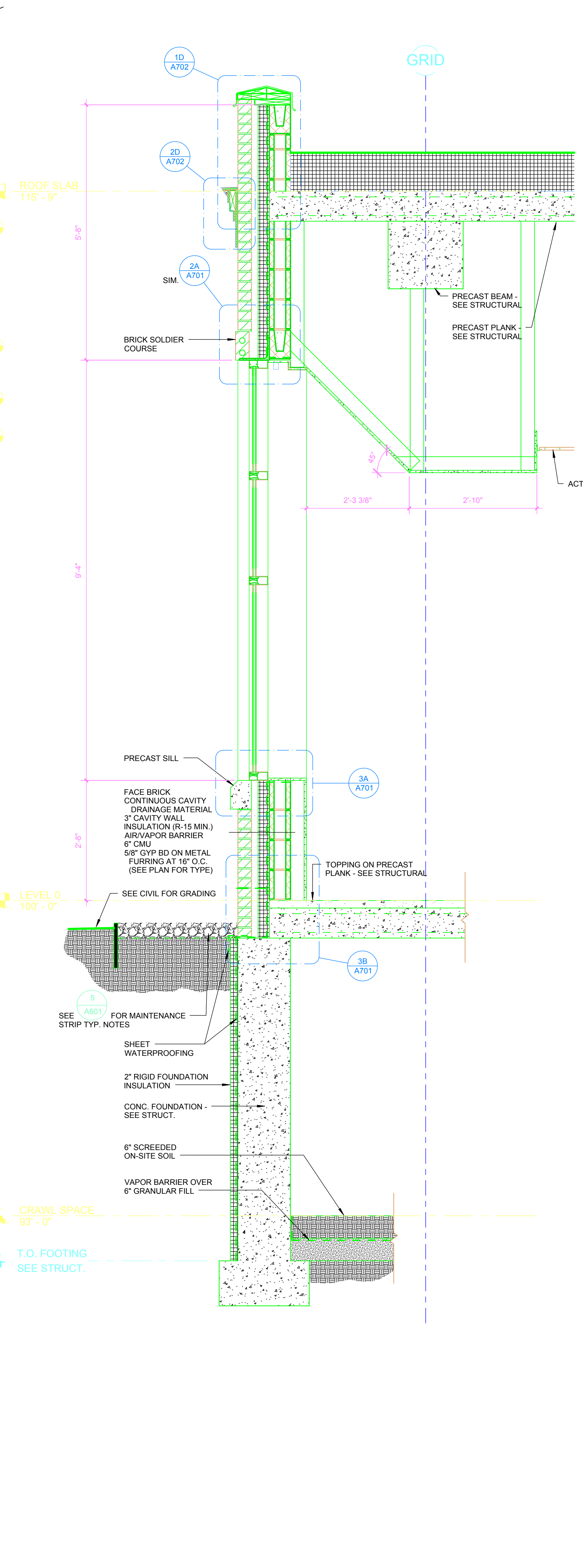
6 WALL SECTION @ GEN BLDG LOUVER  
3/4" = 1'-0"



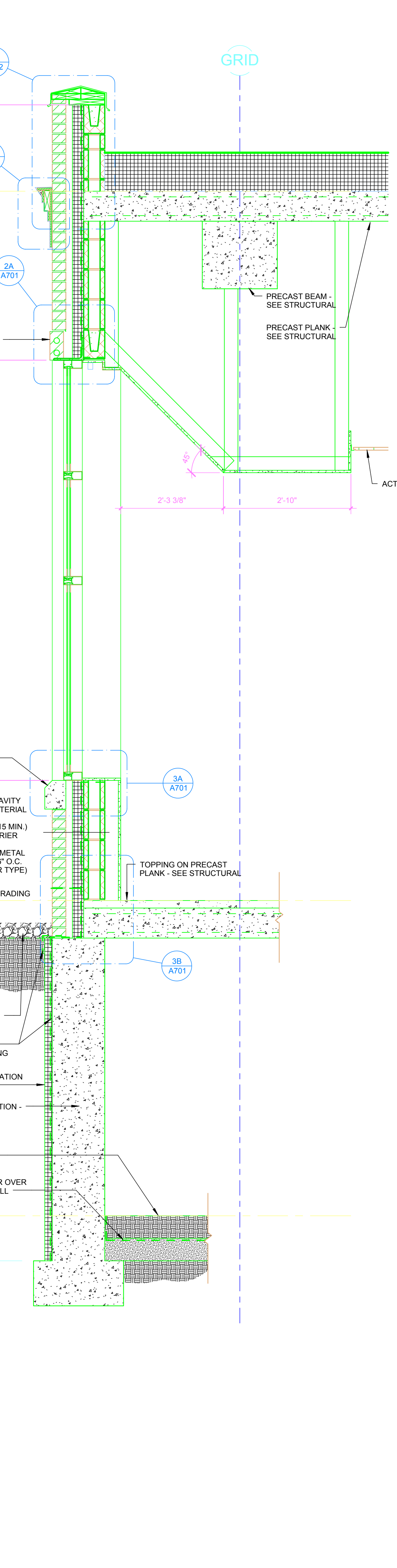
7 WALL SECTION @ GEN BLDG DOOR/LOUVER  
3/4" = 1'-0"



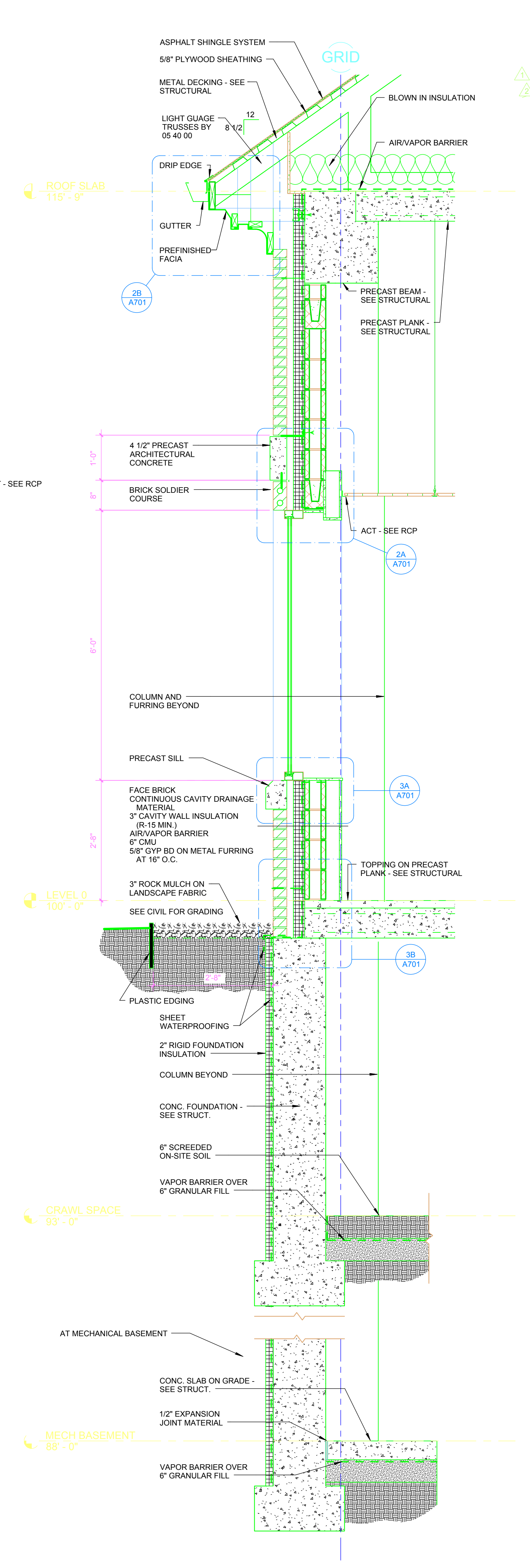
8 DOOR HEAD AT LOUVER  
1 1/2" = 1'-0"



3 WALL SECTION AT TRASH ENCLOSURE  
3/4" = 1'-0"



4 WALL SECTION  
3/4" = 1'-0"



5 WALL SECTION  
3/4" = 1'-0"

NO.	REVISION	DATE
1	3/3/14	PR-6 Atc Insul Change
2	9/22/14	PR-18 Atc Insul Change
3	9/30/16	RECORD SET

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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.  
*Sam Mah*  
Site Title License No. A601

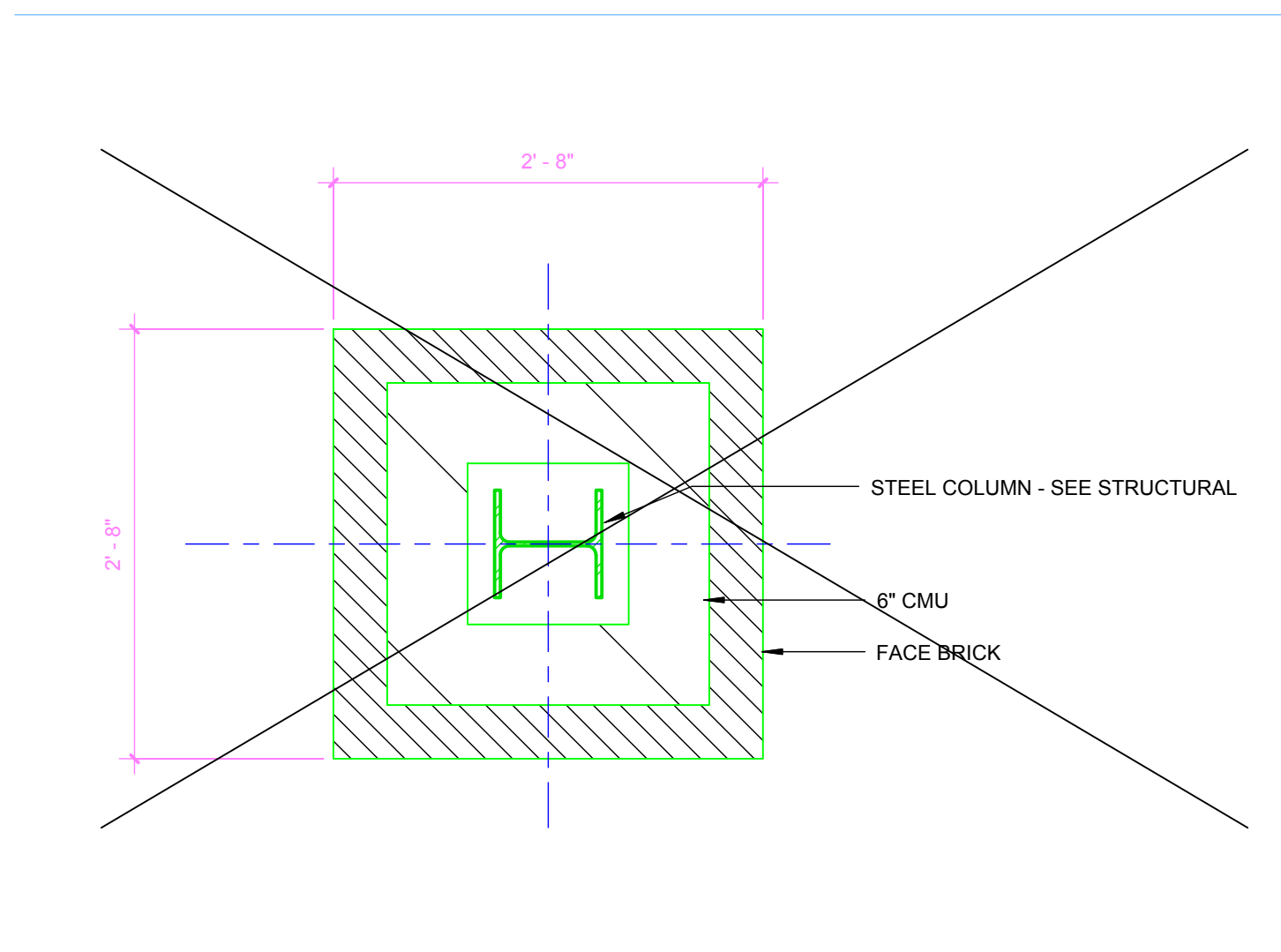
APPROVED SERVICE LINE DIRECTOR	DATE	APPROVED INSPECTION CONTROL NURSE	DATE
APPROVED SEISM COORDINATOR	DATE	APPROVED PATIENT SAFETY	DATE
APPROVED PROJECTS SECTION MANAGER	DATE	APPROVED CHIEF OF POLICE	DATE
APPROVED DIRECTOR FMS	DATE	APPROVED SAFETY MANAGER	DATE

DRAWING TITLE  
**BUILDING & WALL SECTIONS**

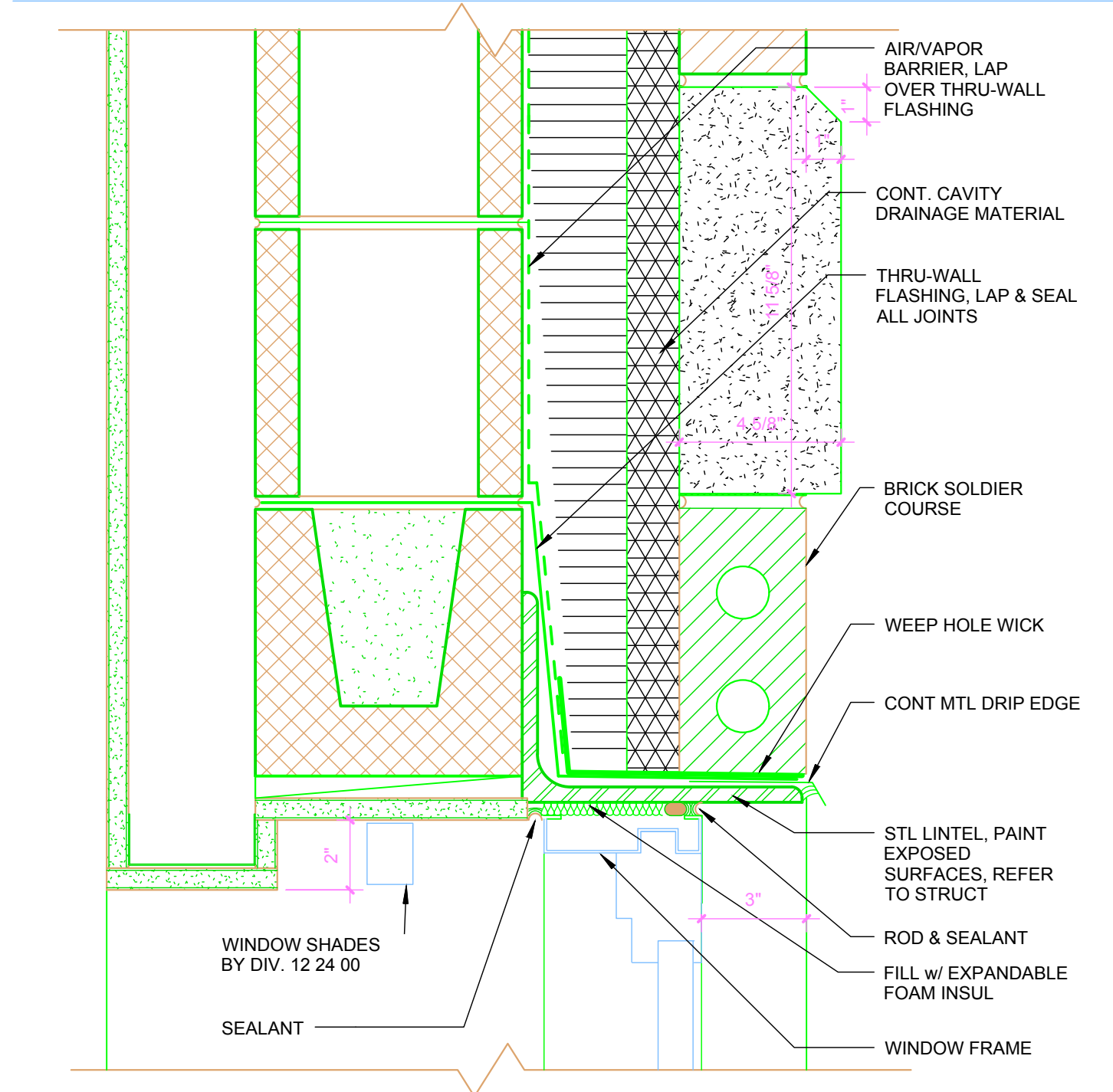
PROJECT TITLE  
REHABILITATION CENTER  
PROJECT #656-332  
St. Cloud VA Health Care System

DATE: 11/13/2018  
PROJECT NO: S1430  
DRAWING NO: A601  
**St. Cloud VA Health Care System**  
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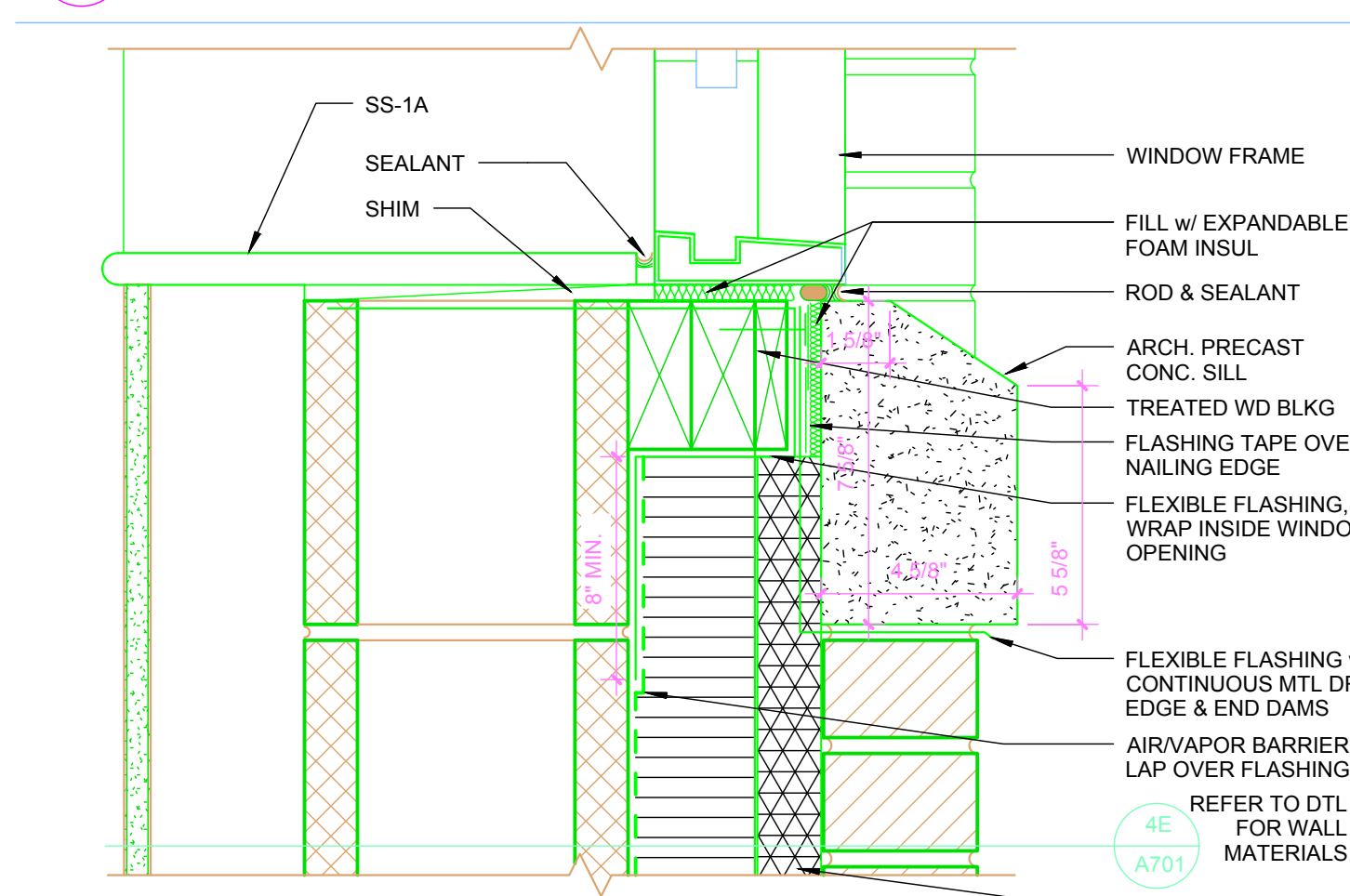




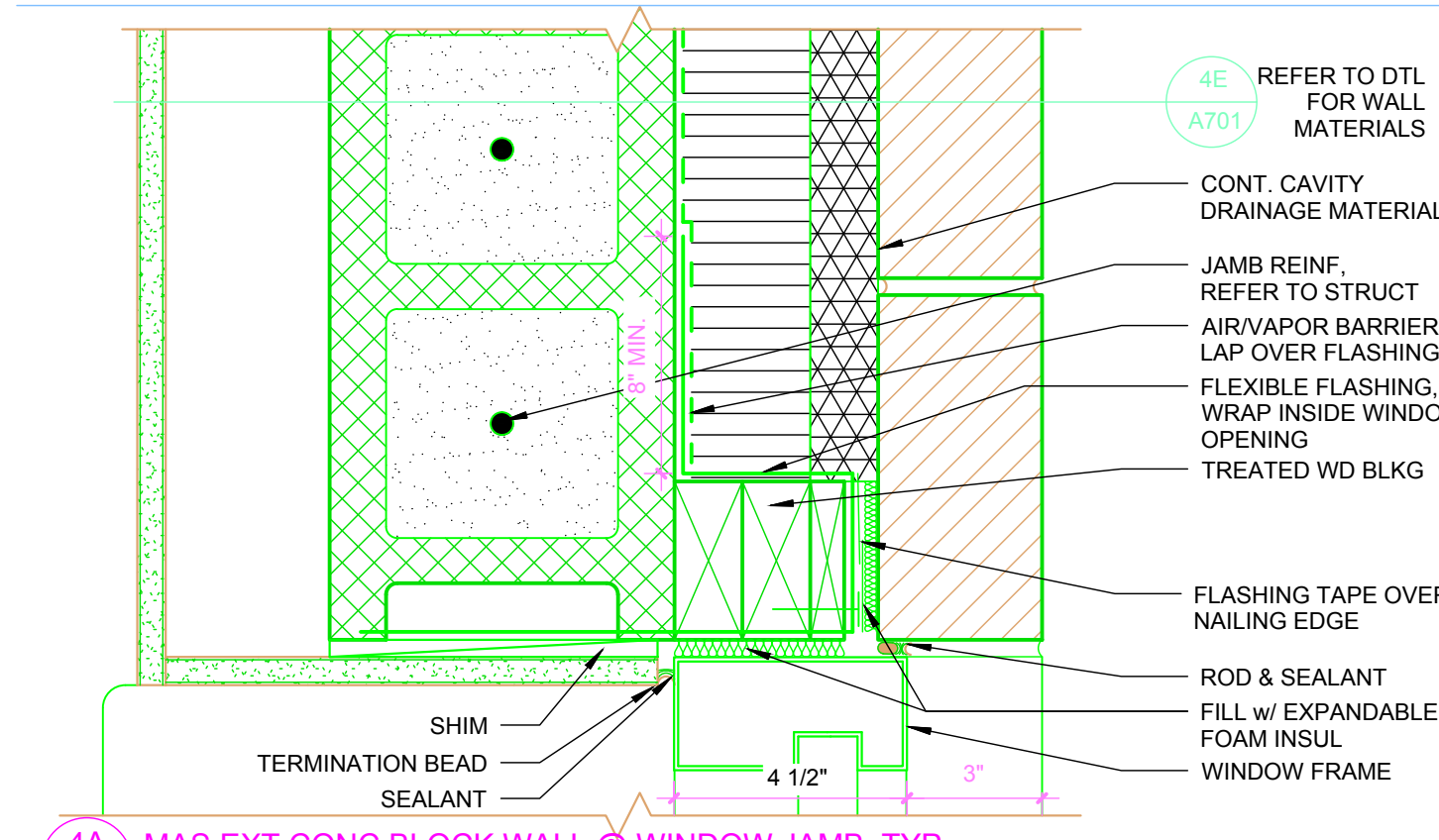
1A PLAN DETAIL AT CANOPY COLUMN  
1" = 1'-0"



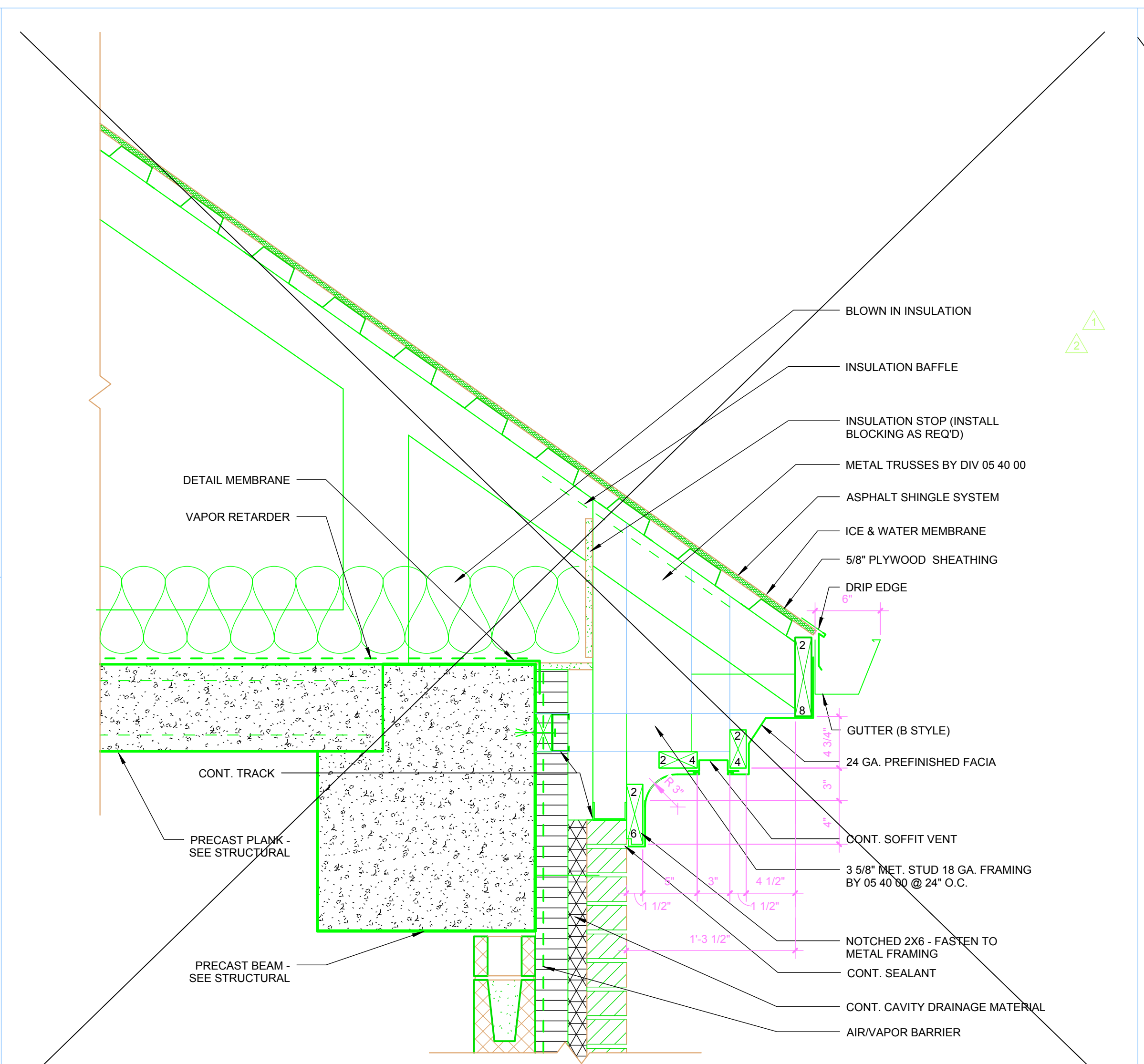
2A MAS EXT CONC BLOCK WALL @ CMU BAND WINDOW HEAD  
3" = 1'-0"



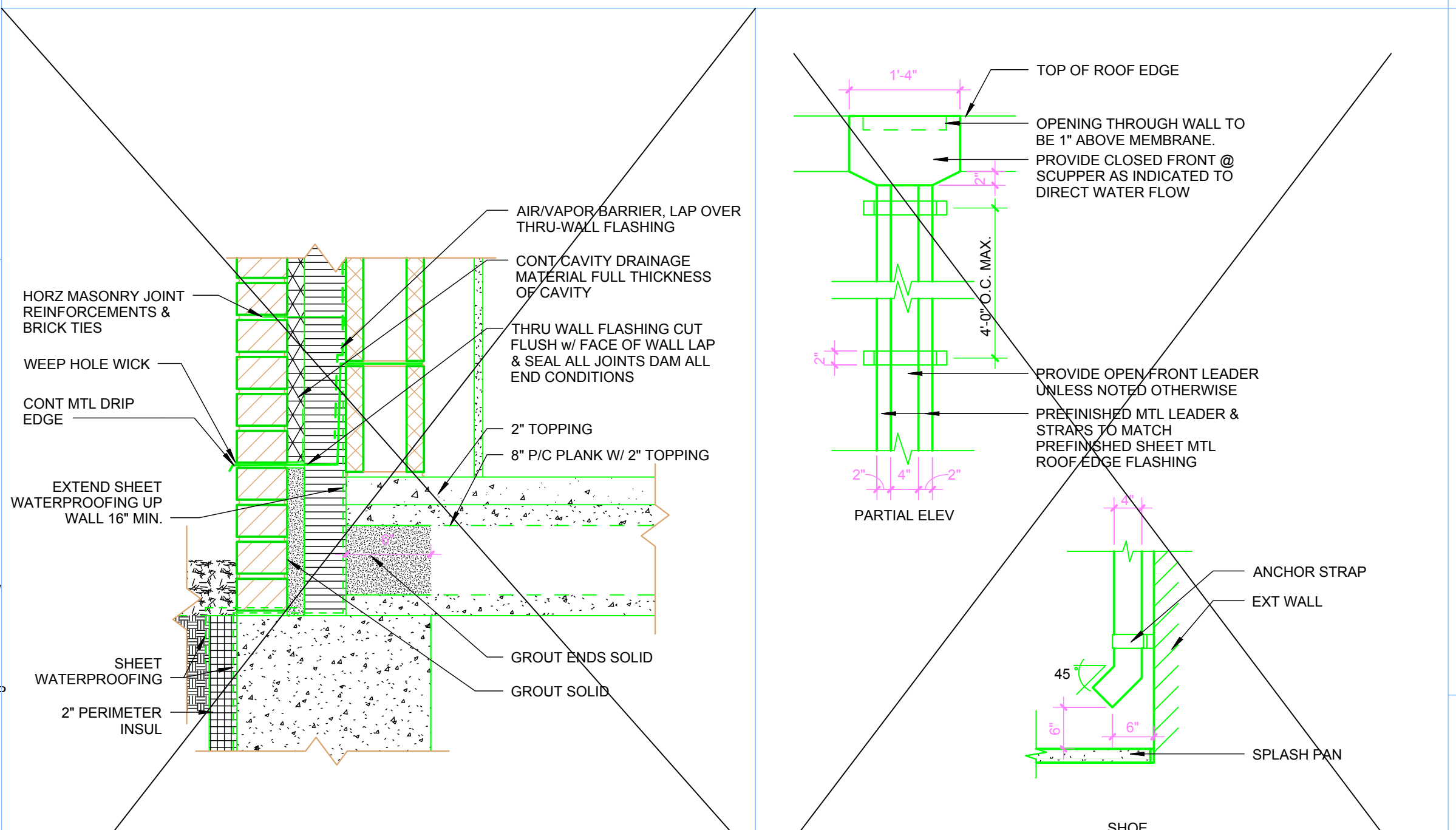
3A MAS EXT CONC BLOCK WALL @ P/C WINDOW SILL  
3" = 1'-0"



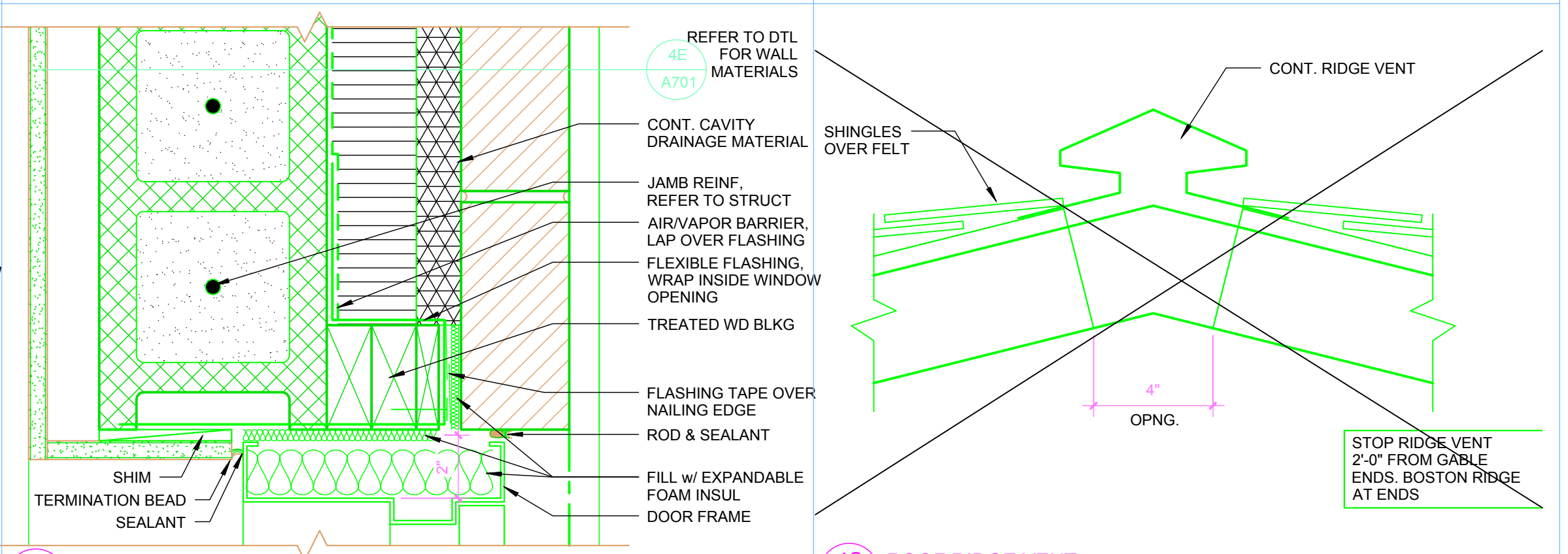
4A MAS EXT CONC BLOCK WALL @ WINDOW JAMB, TYP  
3" = 1'-0"



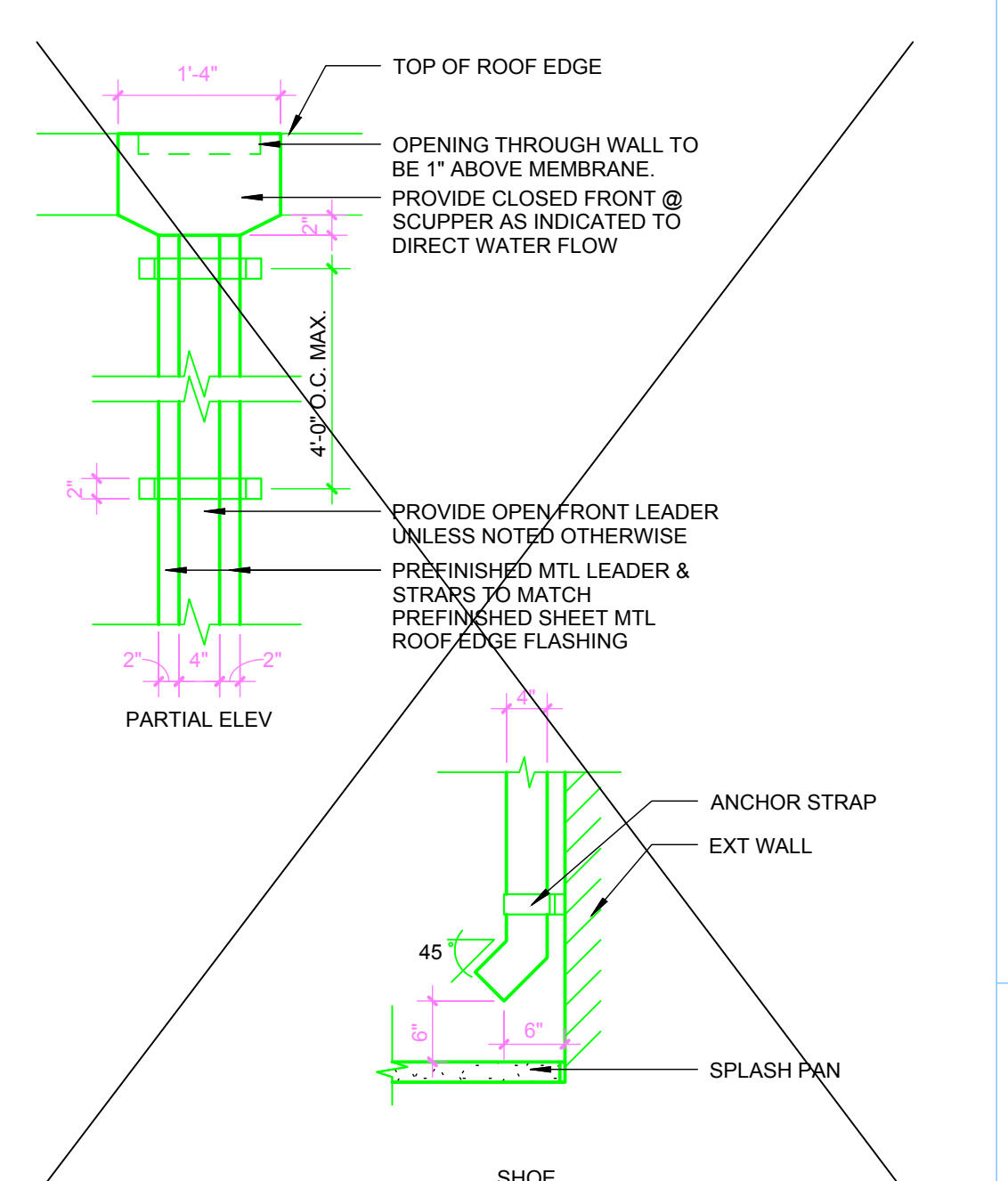
2B ROOF EDGE DETAIL  
1 1/2" = 1'-0"



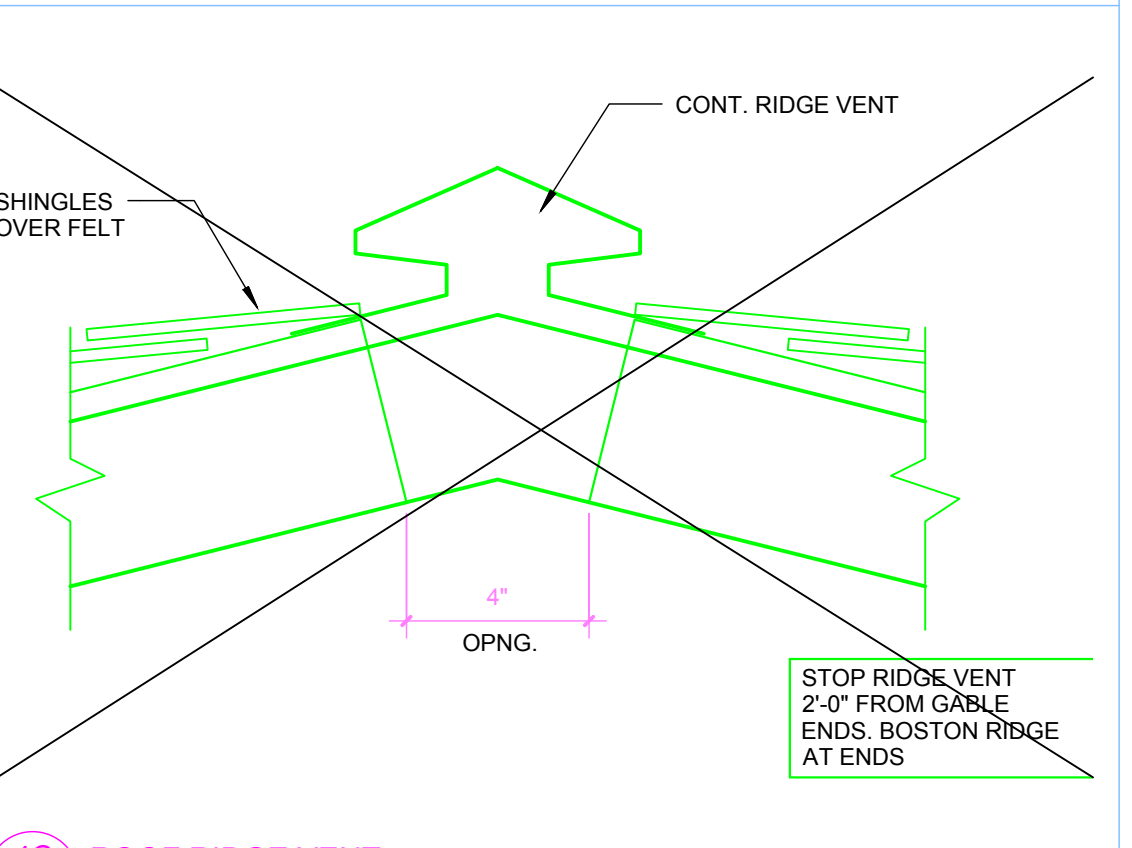
3B WALL BASE  
1 1/2" = 1'-0"



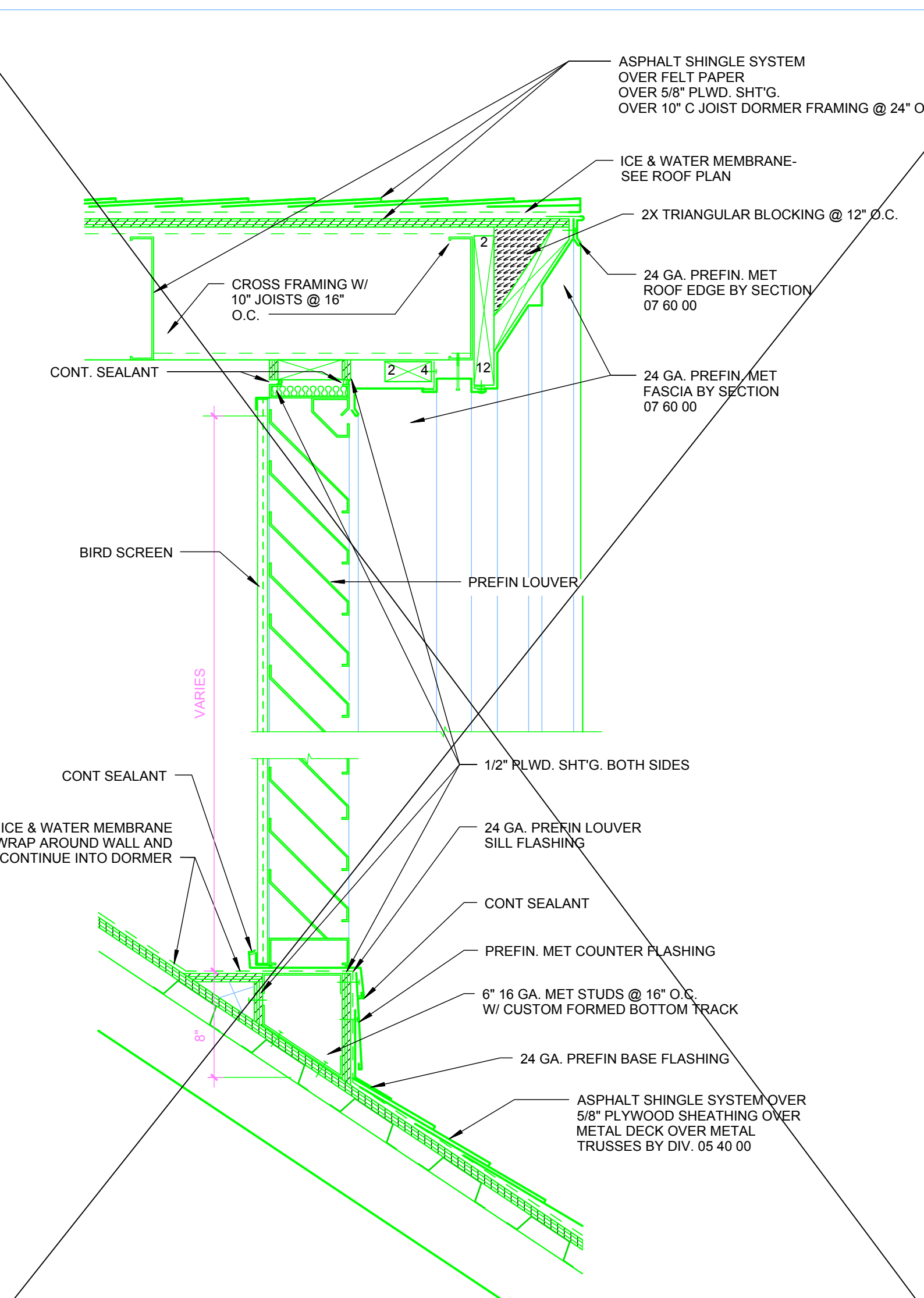
4B MAS EXT CONC BLOCK WALL @ DOOR JAMB  
3" = 1'-0"



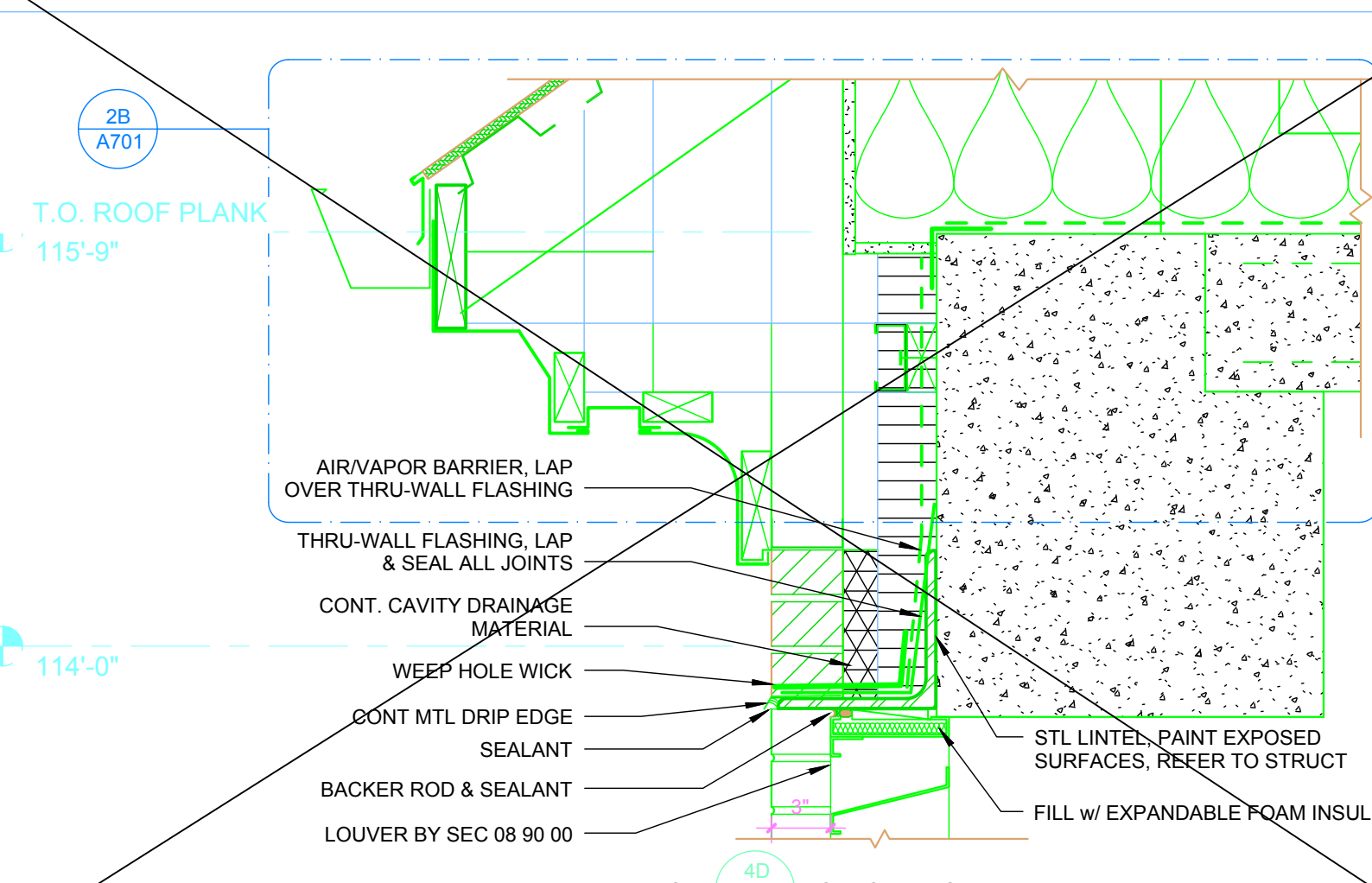
3C DOWNSPOUT - PARTIAL ELEVATION & SHOE  
3/4" = 1'-0"



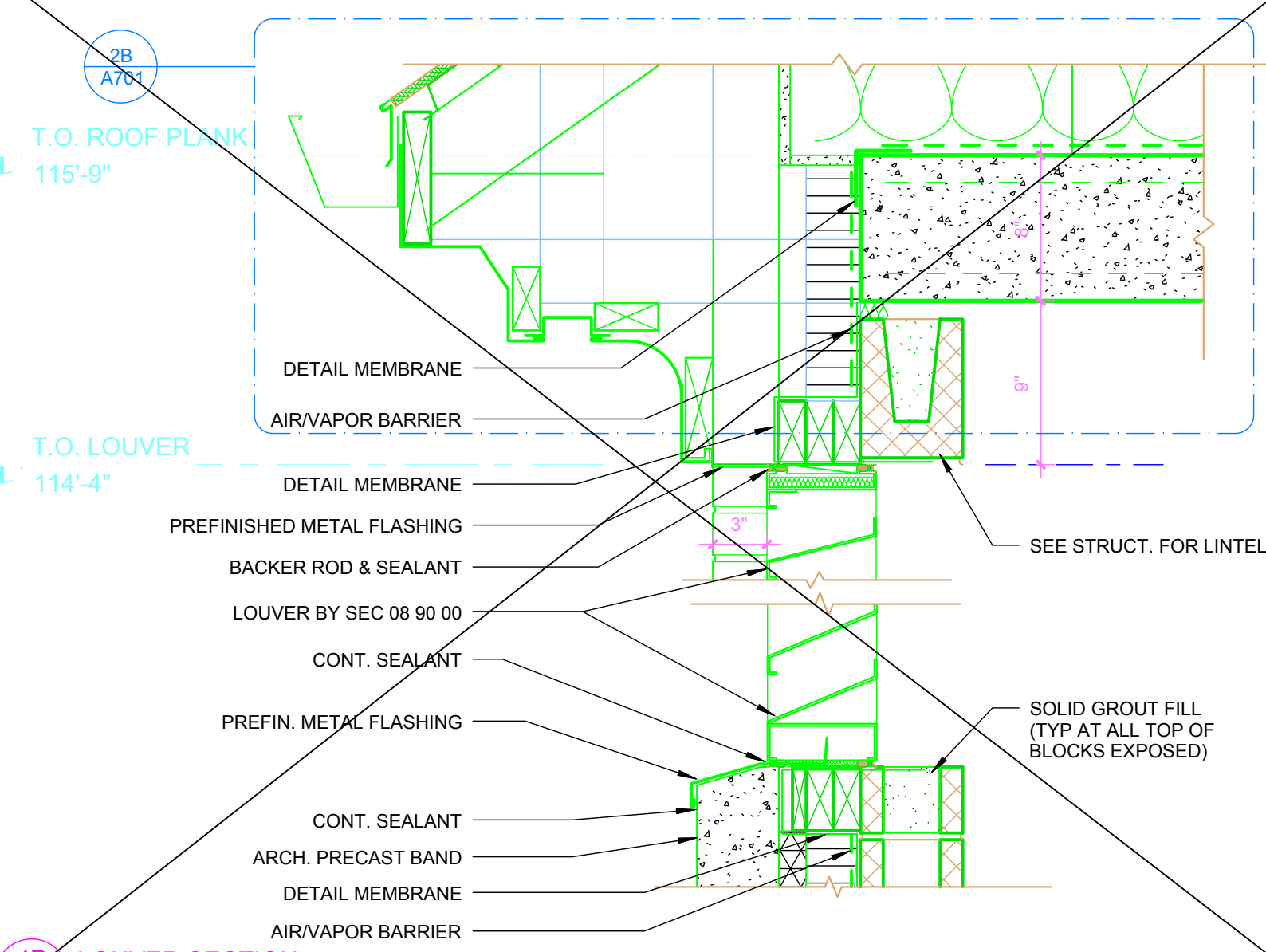
4C ROOF RIDGE VENT  
3" = 1'-0"



2C SECTION AT LOUVER  
1 1/2" = 1'-0"



2B T.O. ROOF PLANK  
115'-9"



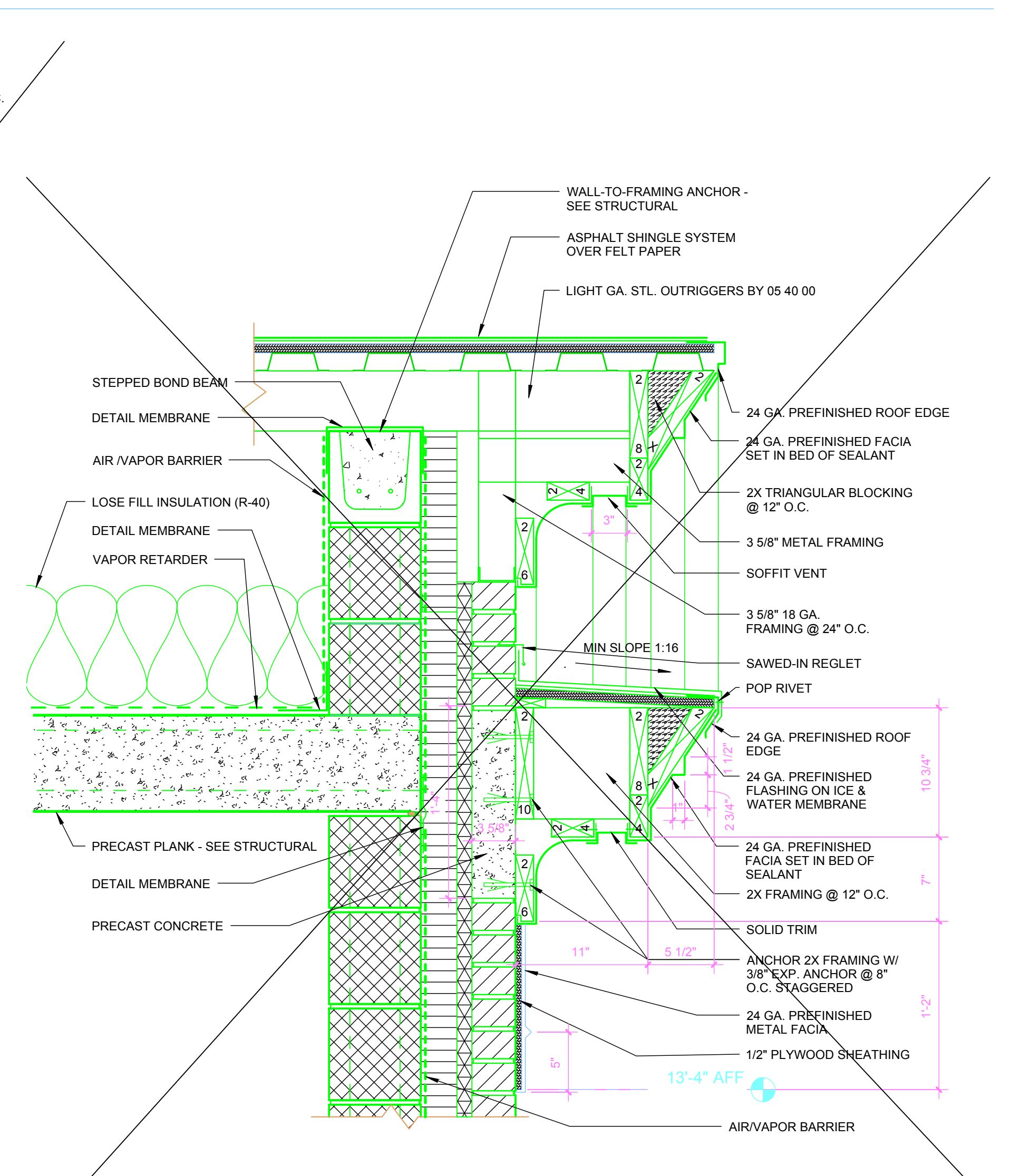
2D LOUVER SECTION 2  
1 1/2" = 1'-0"



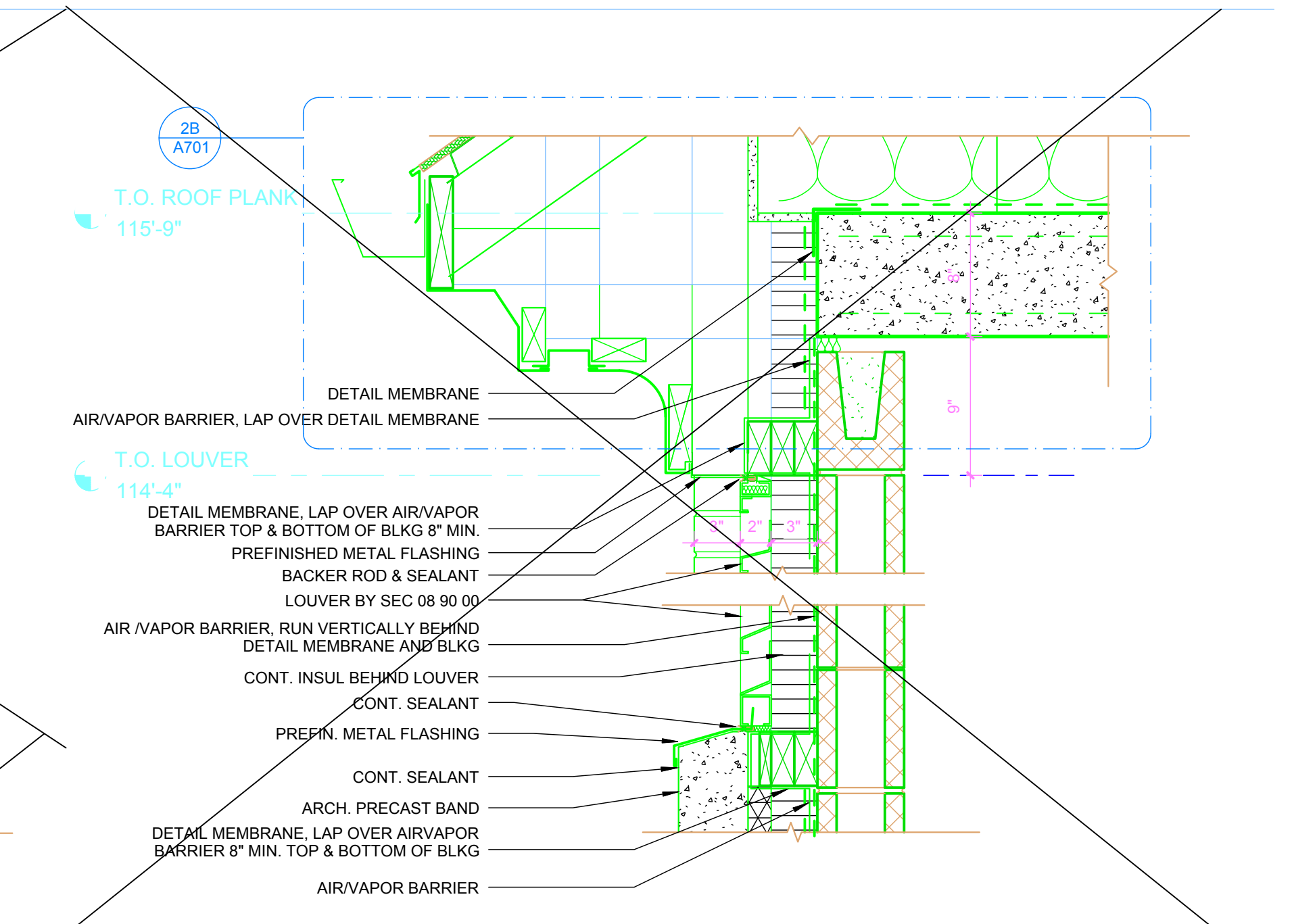
2E T.O. ROOF PLANK  
115'-9"



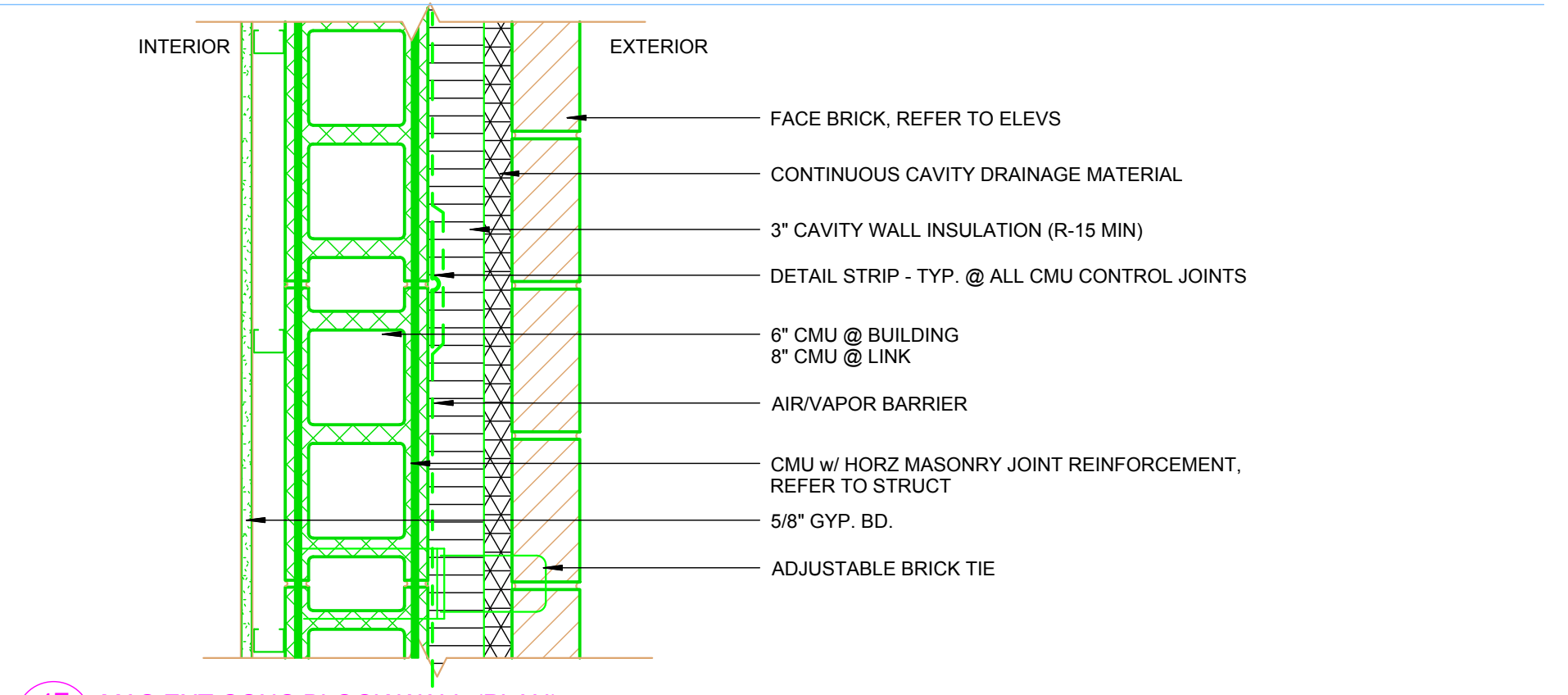
2F T.O. LOUVER  
114'-4"



2D SABLE END RETURN  
1 1/2" = 1'-0"



2B T.O. ROOF PLANK  
115'-9"



2E T.O. LOUVER  
114'-4"



2F MAS EXT CONC BLOCK WALL (PLAN)  
1 1/2" = 1'-0"

1	3/3/14	PR-6 Attic Insul Change
2	9/22/14	PR-18 Attic Insul Change
3	9/30/16	RECORD SET
NO	REVISION	DATE

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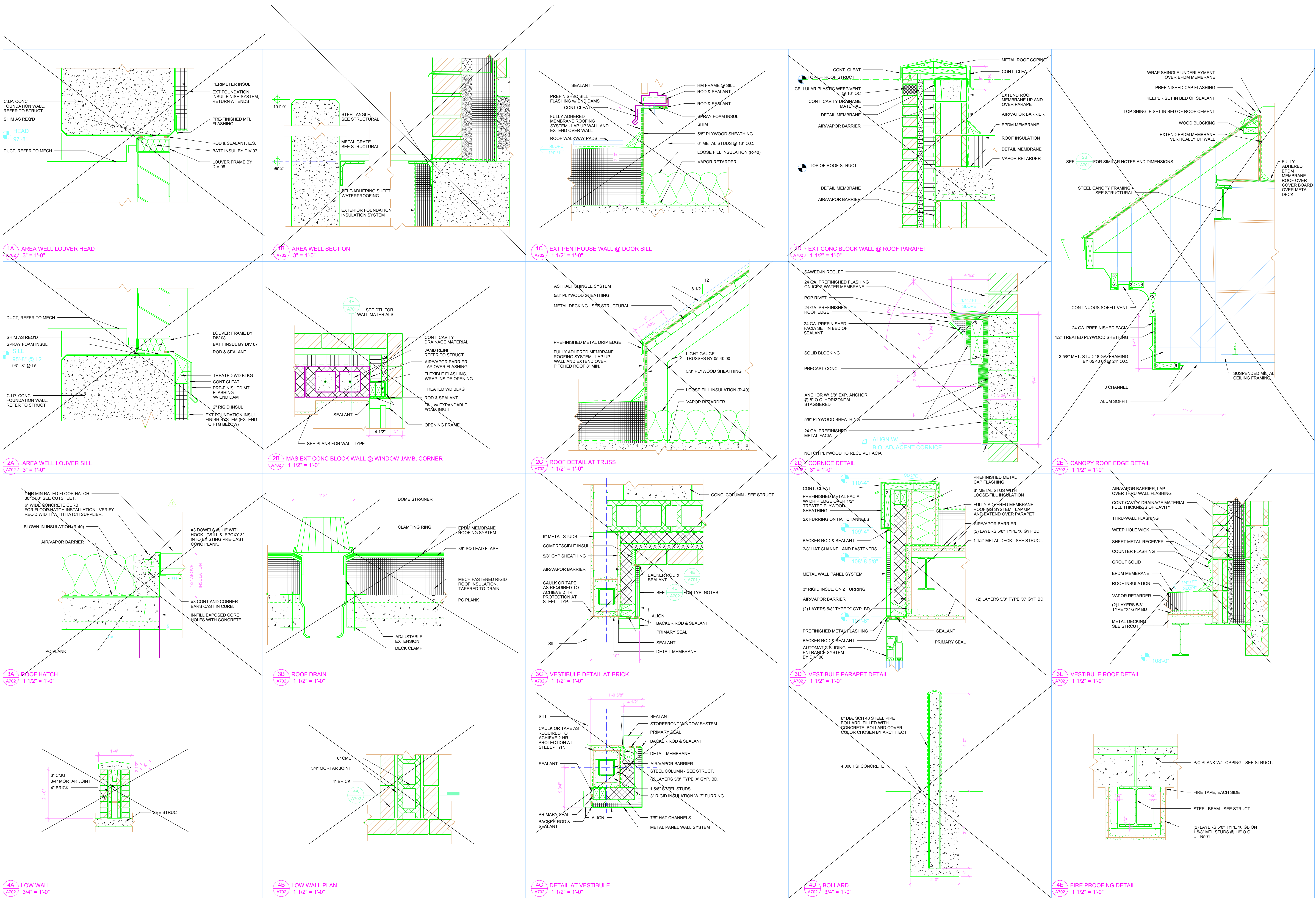
**Planning Architecture Engineering Interior Design Construction Management Design Build**  
 Horty Elving & Associates, Inc.

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.  
*Sam Mah*  
 Sam Mah License No. 4900

APPROVED SERVICE LINE DIRECTOR	DATE	APPROVED INFECTION CONTROL NURSE	DATE
APPROVED GEM COORDINATOR	DATE	APPROVED PATIENT SAFETY	DATE
APPROVED PROJECTS SECTION MANAGER	DATE	APPROVED CHIEF OF POLICE	DATE
APPROVED DIRECTOR FMG	DATE	APPROVED SAFETY MANAGER	DATE
APPROVED MEDICAL CENTER DIRECTOR	DATE		

DRAWING TITLE		PROJECT TITLE		DATE	
EXTERIOR DETAILS		REHABILITATION CENTER PROJECT #656-332		11/13/2018	
		St. Cloud VA Health Care System		POST SCALE	
		PROJECT NO: S1430			
APPROVED USER OF STAFF	DATE	BUILDING NO	CHECKED BY	DESIGN	
		116			
APPROVED MEDICAL CENTER DIRECTOR	DATE	DRAWING NO			
		A701			

**St. Cloud VA Health Care System**  
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1	12/16/15	Revise Access Hatch RECORD SET
2	9/30/16	
NO	REVISION	DATE

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 Interior Design  
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 Design Build  
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*Sarah Mah*  
 Sarah Mah  
 License No. 40003

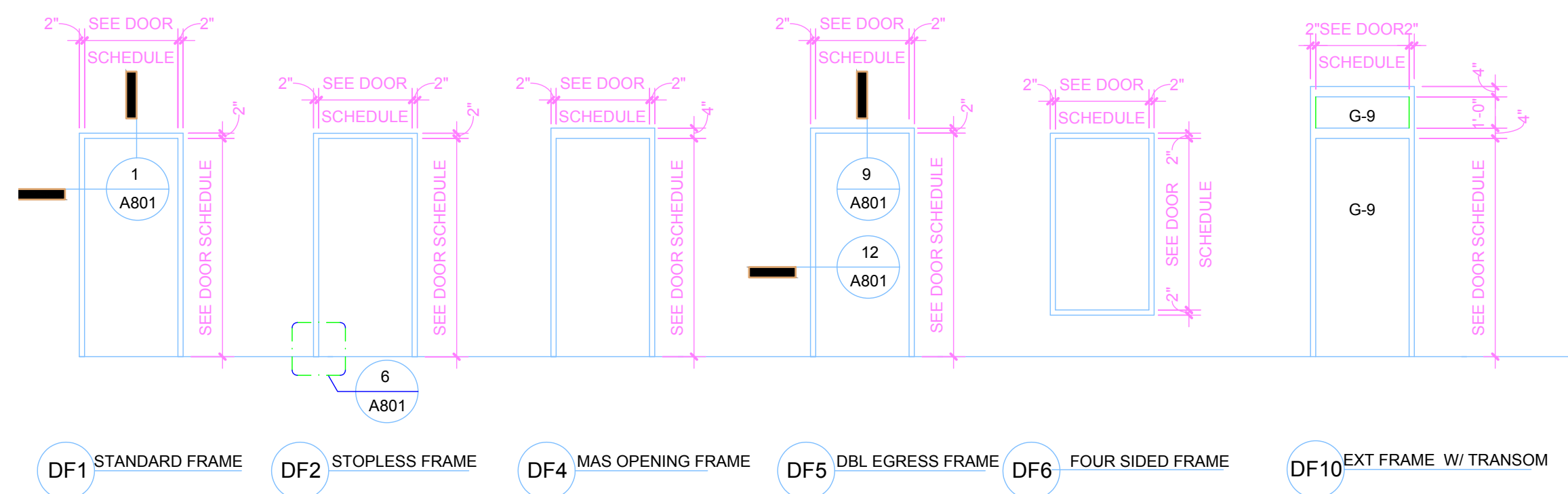
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APPROVED: SERVICE LINE DIRECTOR	DATE	APPROVED: INFECTION CONTROL NURSE	DATE	DRAWING TITLE
APPROVED: GEIMS COORDINATOR	DATE	APPROVED: PATIENT SAFETY	DATE	<b>EXTERIOR DETAILS</b>
APPROVED: PROJECTS SECTION MANAGER	DATE	APPROVED: CHIEF OF POLICE	DATE	APPROVED: CHIEF OF STAFF
APPROVED: DIRECTOR FMS	DATE	APPROVED: SAFETY MANAGER	DATE	APPROVED: MEDICAL CENTER DIRECTOR

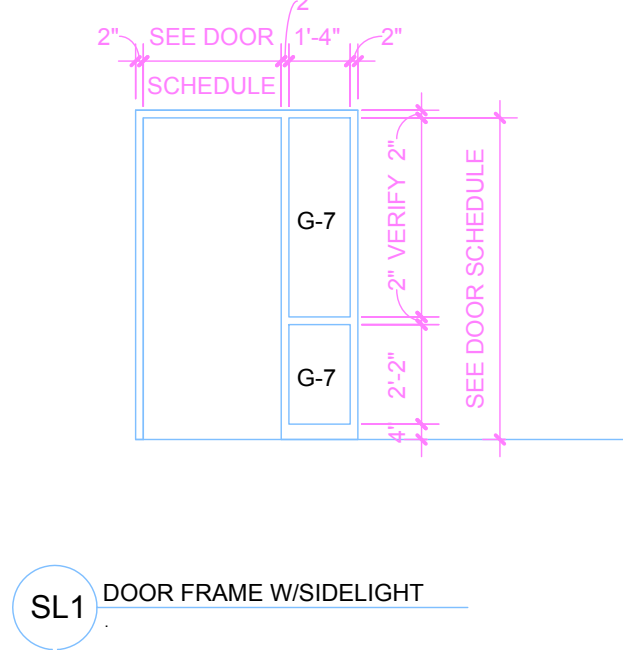
PROJECT TITLE	DATE	SCALE
REHABILITATION CENTER PROJECT #066-332 St. Cloud VA Health Care System	11/13/2018	AS SHOWN
PROJECT NO. S1430		
DRAWING NO. A702		



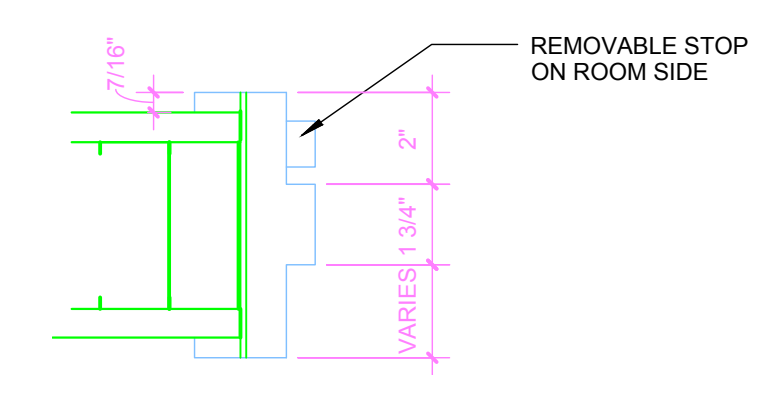
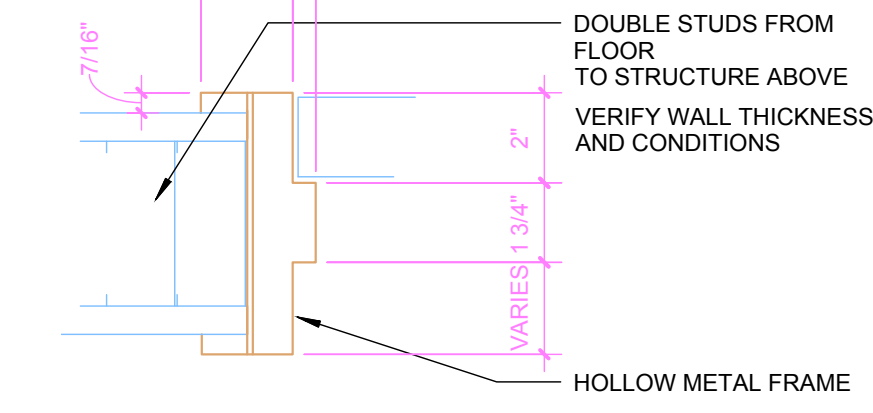
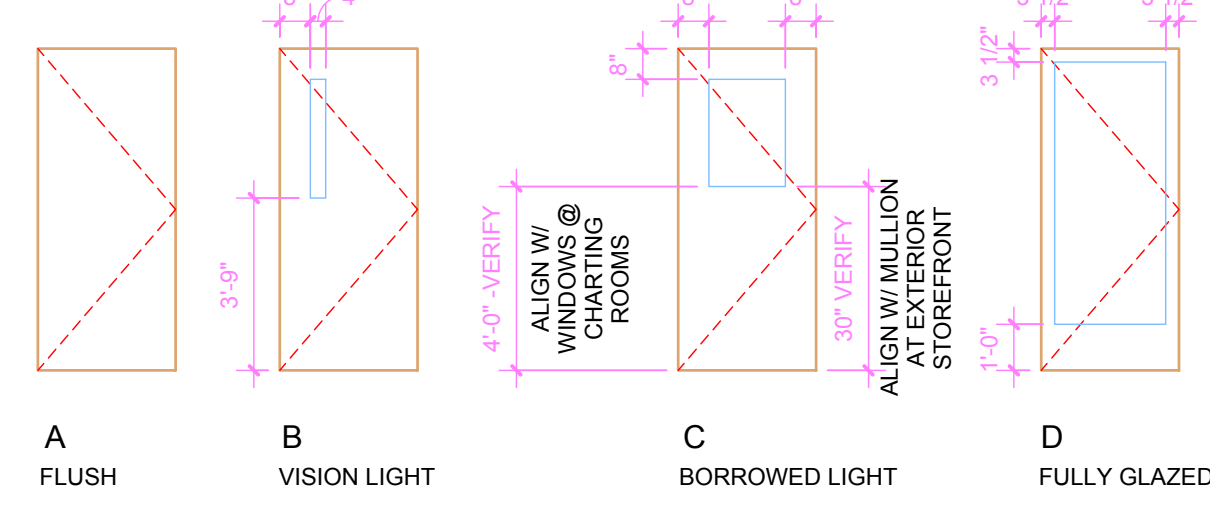
**DOOR FRAME TYPES**



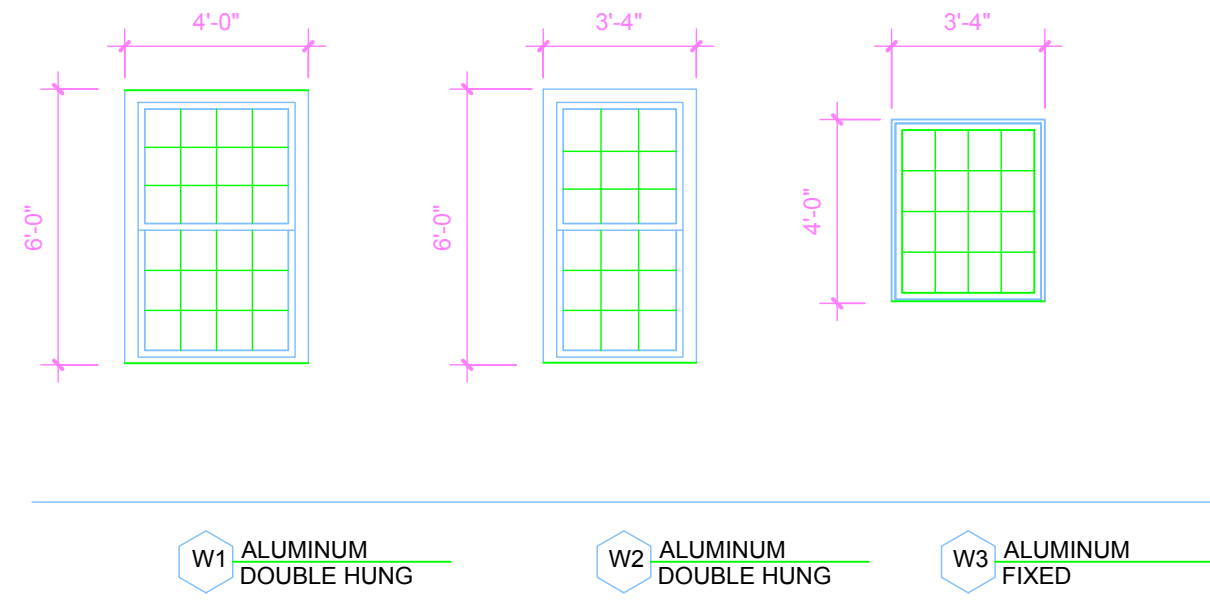
**SIDELIGHT FRAME TYPES**



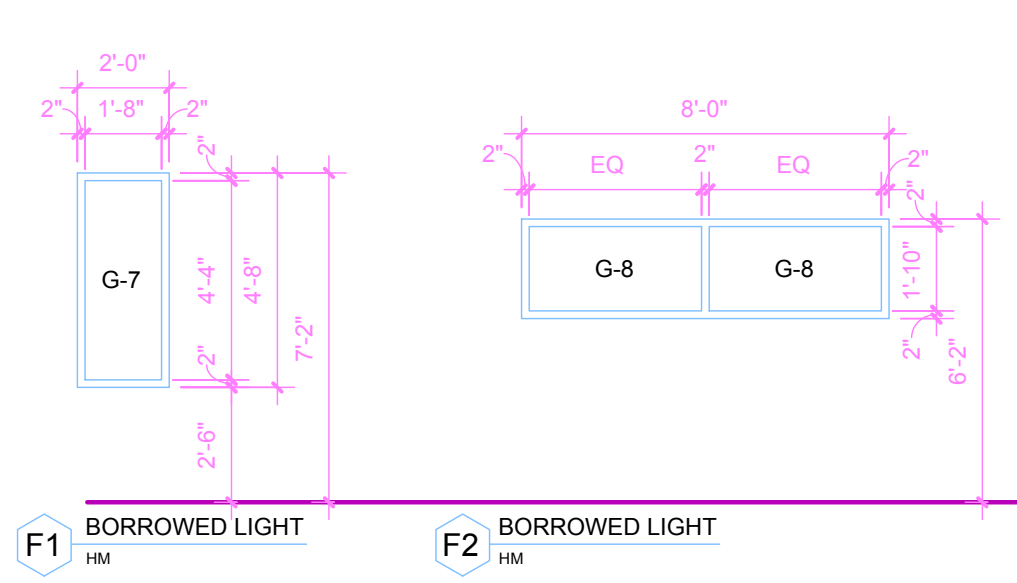
**DOOR PANEL TYPES**



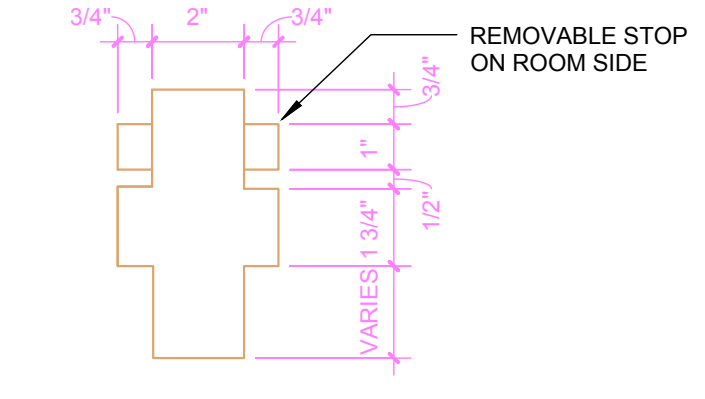
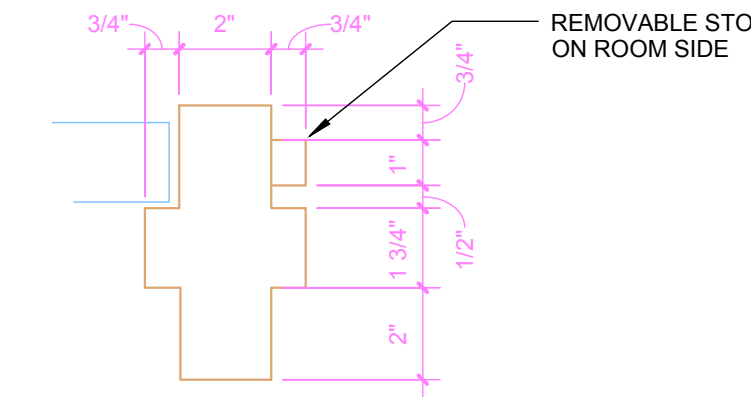
**EXTERIOR WINDOW TYPES**



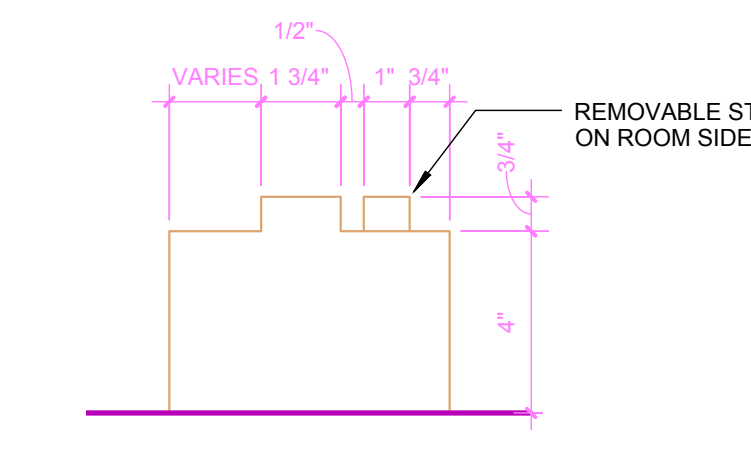
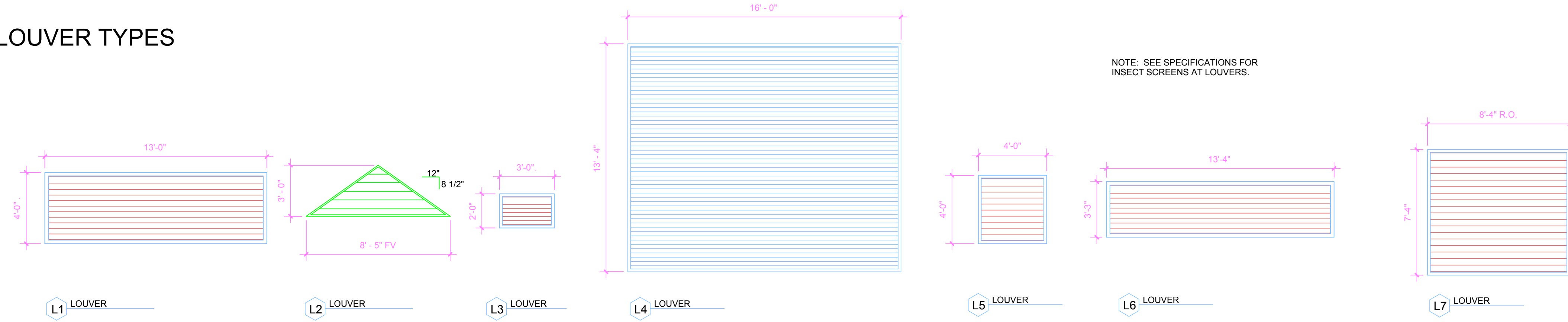
**INTERIOR WINDOW TYPES**



TYPE	DESCRIPTION	BASIS-OF-DESIGN	COLOR	NOTES
G-6	WIRED FLAT GLASS	--	--	--
G-7	1/4" FULLY TEMPERED FLOAT GLASS	--	CLEAR	PROVIDE SAFETY GLAZING LABELING
G-8	TRANSPARENT MIRROR (ONE-WAY VISION GLASS)	--	--	--
G-9	1" INSULATED FULLY TEMPERED FLOAT GLASS	VIRACON/VNEI-63	CLEAR	--
G-10	1" INSULATED FULLY TEMPERED FLOAT GLASS	VIRACON/VNEI-63	SPANDREL	--
G-11	45-MIN 60-MIN 90 MIN FIRE-RATED GLAZING	--	--	--

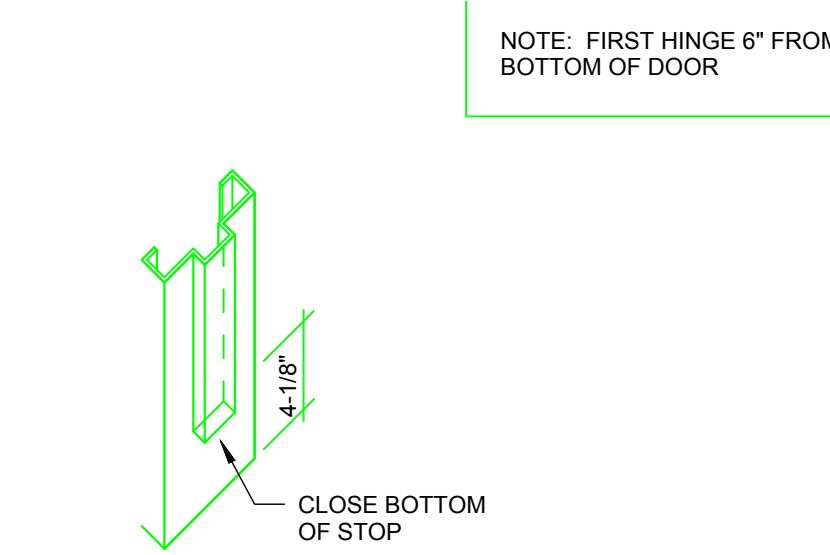
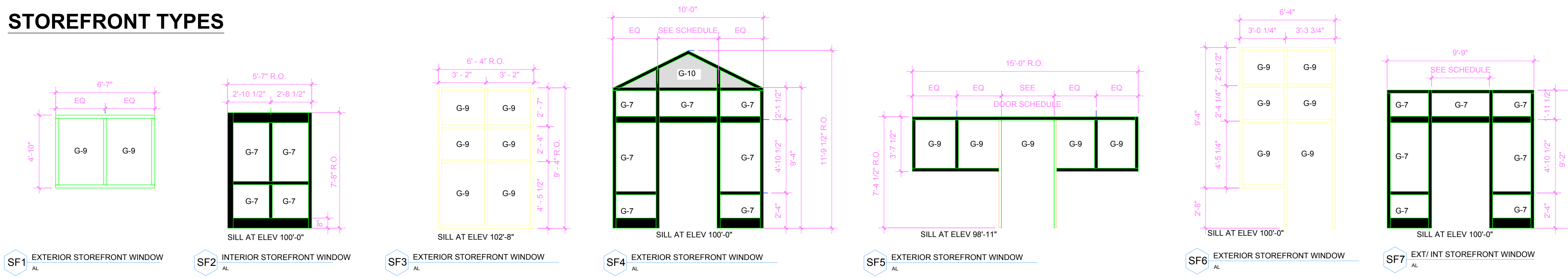


**LOUVER TYPES**



NOTE: FIRST HINGE 6" FROM BOTTOM OF DOOR

**STOREFRONT TYPES**



NOTE: FILL ALL EXTERIOR HOLLOW METAL DOOR FRAMES WITH FOAM INSULATION.

9 DBL EGRESS HEAD  
A801 3" = 1'-0"

12 DBL EGRESS JAMB  
A801 3" = 1'-0"

7 HOSPITAL STOP  
A801 3" = 1'-0"

1	9/30/16	RECORD SET
No	REVISION	DATE



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Planning  
Architecture  
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Design Build

Horty Elving & Associates, Inc.

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 in the State of Minnesota.  
*[Signature]*  
Date: \_\_\_\_\_ License No. 40552

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APPROVED SERVICE LINE DIRECTOR	DATE	APPROVED INSPECTION CONTROL NURSE	DATE
APPROVED GEMM 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  
**DOOR TYPES, WINDOW TYPES & FRAME DETAILS**

APPROVED CHIEF OF STAFF  
APPROVED MEDICAL CENTER DIRECTOR

PROJECT TITLE  
REHABILITATION CENTER  
PROJECT #056-332  
St. Cloud VA Health Care System

DATE  
11/13/2018  
FIRST SCALE

PROJECT NO.  
S1430

DRAWING NO.  
A801

