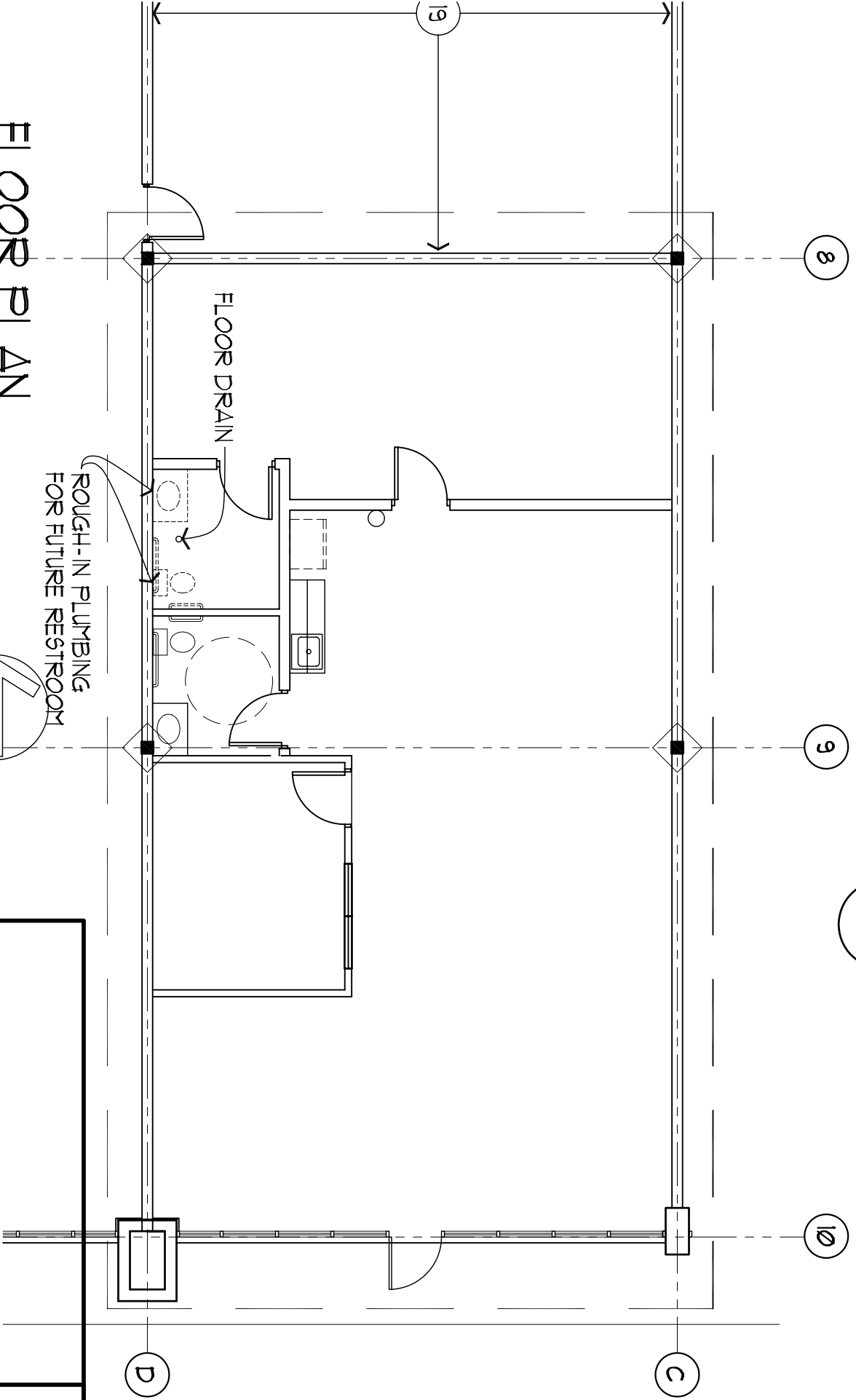


# 4 HANDICAP ACCESSORY

SCALE : N.T.S.



## FLOOR PLAN

Scale: 1/8" = 1'-0"



APPROVED BY _____	PLANS HA' TENANT /
DATE APPROVED _____	BY _____
	OWNER _____
	RY _____