

NOTE: GC TO INSTALL SOUND INSULATION ON EXAM, BATHROOM, & CORRIDOR WALLS

NOTE: PLEASE REFER TO GENERAL NOTE 15 ON THE COVERSHEET FOR DIMENSION INFORMATION

**TV NOTE:**  
G.C. TO VERIFY TYPE AND LOCATION OF OWNER SUPPLIED T.V.'S WITH OWNER AND INSTALL APPROPRIATE BLOCKING AND MOUNTING HARDWARE THE LOWEST PORTION OF THE T.V. SHALL NOT BE LOWER THAN 80" AFF PER CHAPTER 10 VOL-1-C

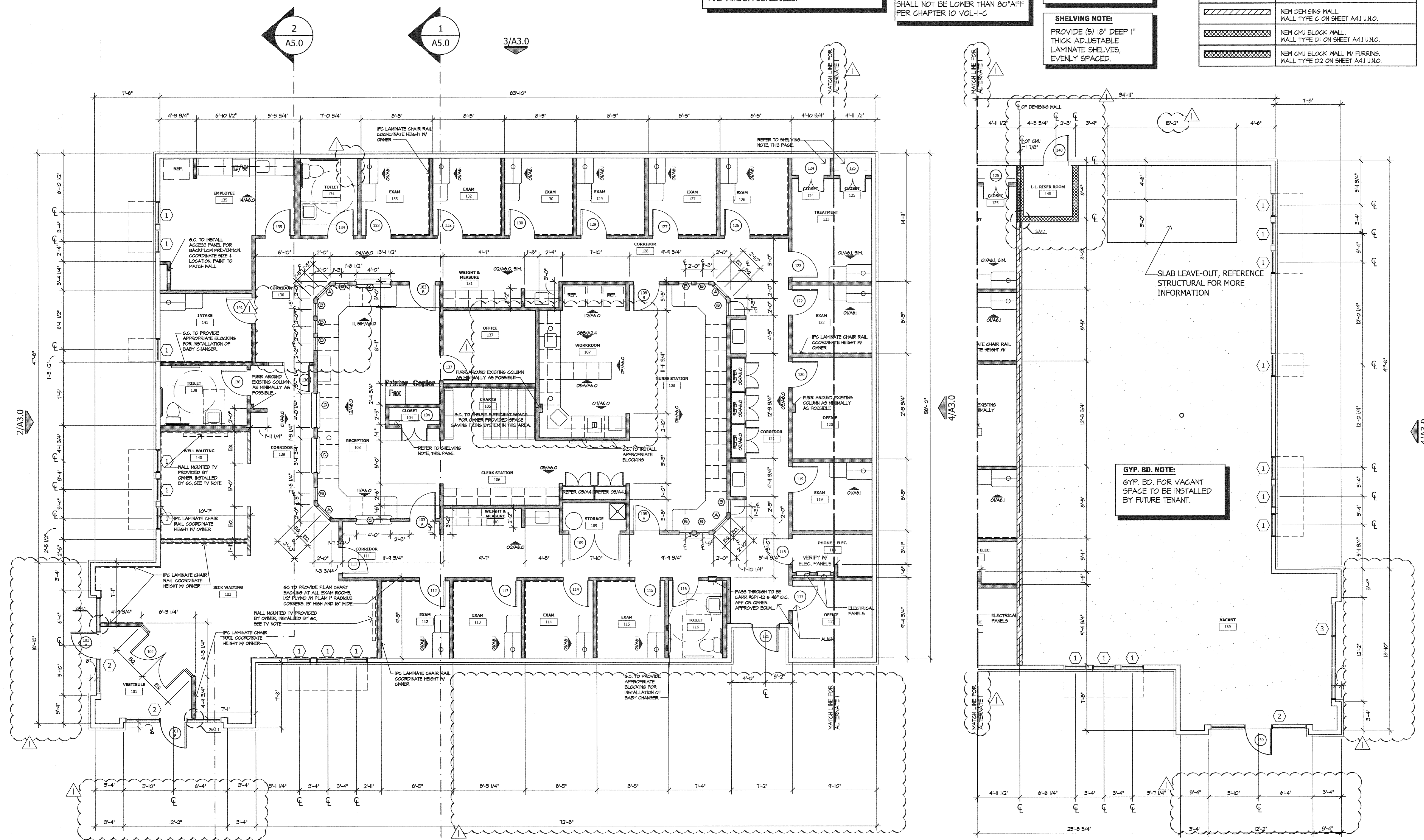
**CORNER NOTE:**  
CORNER MOLDING EQUAL TO IPC - 160 BN SHALL BE INSTALLED ON ALL OUTSIDE CORNERS THROUGHOUT CLINIC, 4' HIGH

**SHELVING NOTE:**  
PROVIDE (5) 18" DEEP 1" THICK ADJUSTABLE LAMINATE SHELVES, EVENLY SPACED.

**WALL TYPE LEGEND**

	EXTERIOR WALLS - 2x6 MD STUDS. FINISH AS INDICATED ON ELEVATIONS
	NEW FULL HT INTERIOR PARTITION WALL TYPE A ON SHEET A4.1 UNO.
	NEW 5'-0" INTERIOR PARTITION WALL TYPE B ON SHEET A4.1 UNO.
	NEW DEMISING WALL WALL TYPE C ON SHEET A4.1 UNO.
	NEW CMU BLOCK WALL WALL TYPE D1 ON SHEET A4.1 UNO.
	NEW CMU BLOCK WALL W/ FURRING WALL TYPE D2 ON SHEET A4.1 UNO.

NOTE: PLEASE REFER SHEET A4.1 FOR DOOR AND WINDOW SCHEDULES.



**GYP. BD. NOTE:**  
GYP. BD. FOR VACANT SPACE TO BE INSTALLED BY FUTURE TENANT.

SLAB LEAVE-OUT, REFERENCE STRUCTURAL FOR MORE INFORMATION

2/A3.0

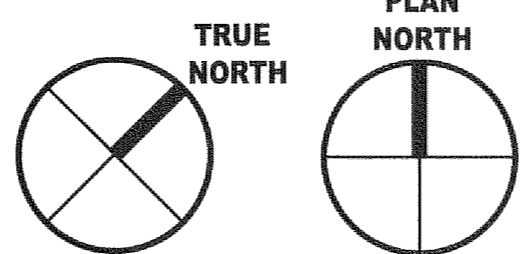
4/A3.0

4/A3.0

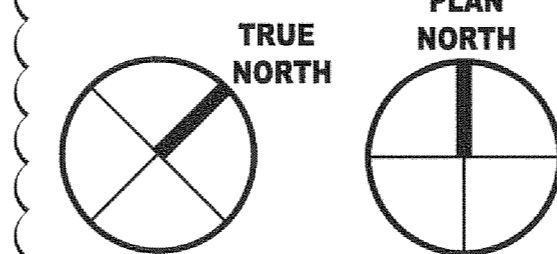
2  
A5.0

1  
A5.0

1/A3.0



**1 FLOOR PLAN**  
SCALE: 3/16" = 1'-0"



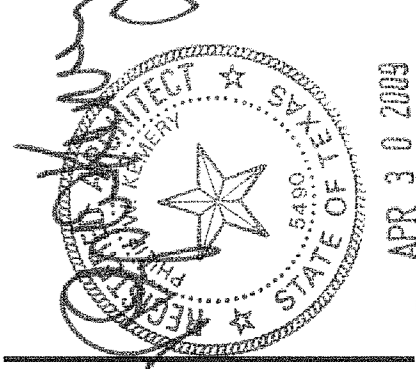
**2 ALTERNATE 1 FLOOR PLAN**  
SCALE: 3/16" = 1'-0"

OWNER REVISIONS

04-30-09

NO. DATE REVISIONS

CONTRACTOR SHALL VERIFY ALL DIMENSIONS AT THE JOB SITE AND NOTIFY THE ARCHITECTS OF ANY DIMENSIONAL ERRORS, OMISSIONS OR DISCREPANCIES BEFORE BEGINNING OR FABRICATING ANY WORK DO NOT SCALE DRAWINGS



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**COOK CHILDREN'S  
PRIMARY CARE CLINIC**  
BURLESON, TX

JOB NUMBER  
**09.016**

SHEET TITLE  
**FLOOR PLAN**

SHEET NUMBER  
**A2.0**

DATE OF ORIGINAL ISSUE  
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