



1 FLOOR PLAN  
 Scale: 3/16" = 1'-0"  
 FUR OUT WALL & INSULATE W/ R-13 BATT. INSULATION.

REVISIONS	
Δ	Date

APPROVED AS NOTED: I HAVE EXAMINED THE DRAWINGS THOROUGHLY AND APPROVE OF ALL LOCATIONS, DIMENSIONS, SPECIFICATIONS, AND NOTES ON PLAN. SIGNATURE: _____ DATE: _____ TELEPHONE: # _____
PLANNER: MARV HOLT 763-268-4412 DEPT. SQ. FT. 653 DRAWING DATE 3-6-2014 DESIGN DRAWING NOT TO BE USED FOR CONSTRUCTION Plofted: 3/6/2014 12:20 PM File: Lakewood, CO 3-6-2014.dwg
STORE, STORE #, & ADDR: MIRACLE-EAR CENTER BELMAR MEDICAL CENTER 8015 W. ALAMEDA AVE., STE 110A LAKEWOOD, CO 80226

FLOOR PLAN SHEET:  
**A2**