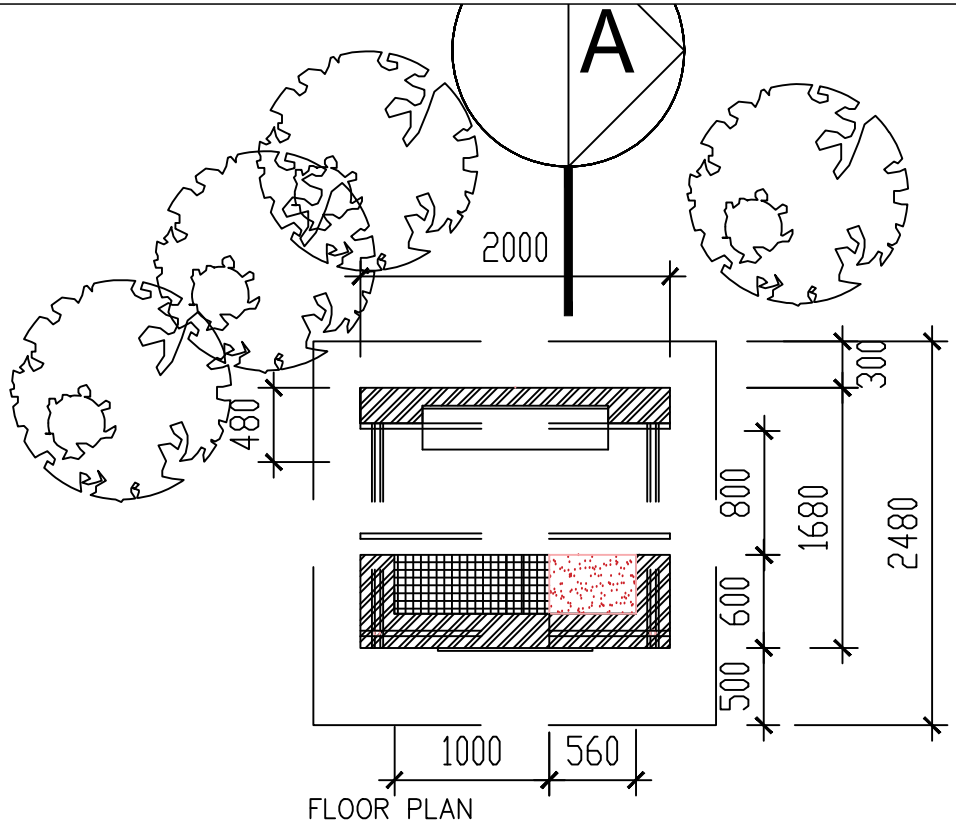
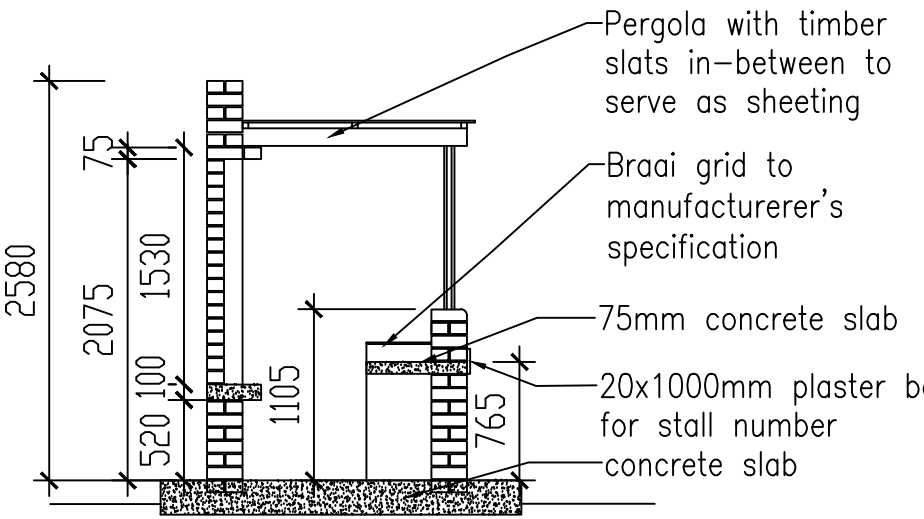
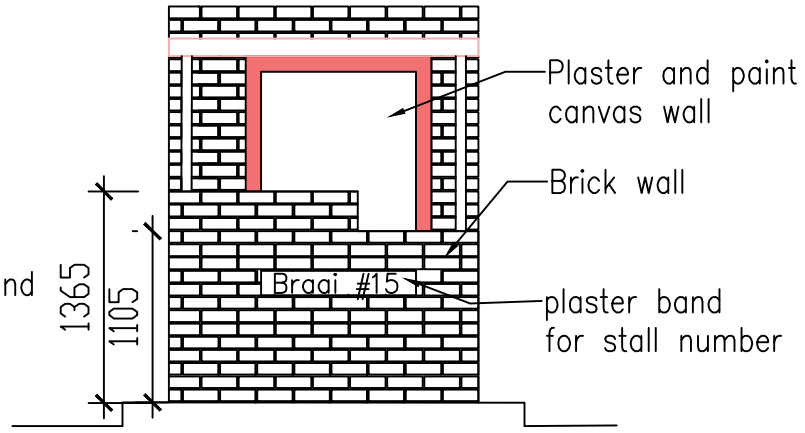


FLOOR PLAN



SECTION A-A



ELEVATION

CLIENT:

Client Name:

Designation & Section:

Client Signature:

Project Phase 1

Date:

Contact No.'s:

No.	DATE	REVISION DETAIL
-	31-03-2021	IDDUED FOR INFORMATION

External Consultant: -

External Drawing No. -

Consultant:

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Site Address: - -

Building Name: - -

Project Description: - -

Drawing Description: - -

Drawn: -

Designer/ Checked: -

Approved: -

Prof Reg. No. -

Signature:

Date: 31-03-2021

Scale: 1:50

Drawing Size: A4

Revision No. 00

Drawing Number:

Site & Building No.	Floor No.	Discipline & Service Type
SSSS-BB	FF	DTTT
Sheet Number	**Project Number: -**	**Proposal No.**
NNN	RMMMMM	PPP