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Figured dimensions take preference to scale readings. Verify all dimensions on site. Report any discrepancies to the contract administrator for decision before proceeding with the work.

N°.	DATE	REVISIONS	BY

<b>BCA CONSULTANT</b>	Davis Langdon Level 5, 100 Pacific Hwy, North Sydney, NSW 2060 Tel. (02) 9956 8822 Fax: (02) 9956 8848
<b>DDA CONSULTANT</b>	Bio-building Design Pty Ltd 3 Home Street, Faulconbridge, NSW 2267 Tel. (02) 4761 1846 Fax: (02) 4761 7098
<b>CIVIL STRUCTURAL CONSULTANT</b>	Woolacotts. 2a Broughton Road, Artarmon, NSW 2064 Tel. (02) 9413 1399 Fax: (02) 9413 1132
<b>SERVICES CONSULTANT</b>	ITC GROUP Pty Ltd Level 7, 33 York St, Sydney, NSW 2000 Tel. (02) 9495 8100 Fax: (02) 9495 8111

**DesignInc Sydney PTY LIMITED** ACN 003008820  
77 PACIFIC HIGHWAY NORTH SYDNEY  
NEW SOUTH WALES 2060 AUSTRALIA  
PO BOX 651 NORTH SYDNEY NSW 2059  
TELEPHONE + 612 9957 5401 FACSIMILE + 612 9957 4259  
www.designinc.com.au EMAIL sydney@designinc.com.au  
Architects Urban Design Landscape Interiors

**PRINCIPAL** **NSW HEALTH**

**CLIENT** **Northern Sydney Central Coast AHS**

**PROJECT** **Manly Hospital Psycho Geriatric Ward Lot 2619 D.P. 752038**

**TITLE** **Proposed Alterations & Additions Roof Plan**

DRAWING STATUS	REVIEWED BY	SIGNATURE	DATE
PRELIMINARY			
FOR INFORMATION ONLY			
FOR D.A. APPROVAL			
CONSTRUCTION CERTIFICATE			
FOR TENDER			
FOR CONSTRUCTION			
AS BUILT DOCUMENT			

<b>DRAWN BY</b>	<b>E.S.</b>
<b>SCALES</b>	<b>1:100 @ A3</b>
<b>PLOT DATE:</b>	<b>07/08/09</b>
<b>JOB N°.</b>	<b>280300</b>
<b>DWG/REV N°.</b>	<b>DA-03</b>

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**FOR DA**