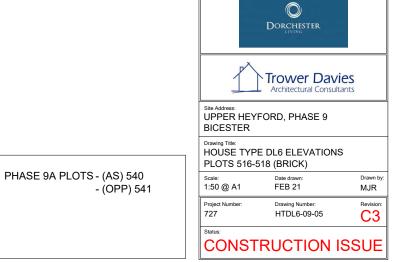


REF	WIDTHXHEIGHT	ROOM NAME	LINTEL REF.	SAFETY GLAZING	REMARKS
W1	1065 X 2400	ENTRANCE HALL	L1	PAS 24	914X2000 DOOR LEAF - PART M ACCESS
W2	1850 X 1350	LIVING ROOM	L2	PAS 24	MIN 2500MM ² TRICKLE VENTILATION
W3	1250 X 1050	KITCHEN	L3	PAS 24	MIN 2500MM ² TRICKLE VENTILATION
W4 SG	1650 X 2100	DINING	L4	PAS 24	PATIO DOORS- SAFETY GLAZING
W5#	1250 X 1350	BEDROOM 1	L5	NO	MIN 2500MM ² TRICKLE VENTILATION P1A GLAZING
W6#	1250 X 1350	BEDROOM 1	L6	NO	MIN 2500MM ² TRICKLE VENTILATION
W7#	1250 X 1350	BEDROOM 3	L7	NO	MIN 2500MM ² TRICKLE VENTILATION P1A GLAZING
W8#	1250 X 1350	BEDROOM 2	L8	NO	MIN 2500MM ² TRICKLE VENTILATION P1A GLAZING
W9	1250 X 1350	LIVING ROOM	L9	PAS 24	PLOTS 518 & 736 ONLY MIN 2500MM ² TRICKLE VENTILATION



- S	atutory appro	vals to be received prior to commencement of works.	L				
- B	uilding control	submission to be deposited prior to any works.					
- C	Check / trace positions of existing services / drainage prior to new works.						
- E	Ensure no Easements / rights of way exist on site prior to construction.						
- D	Do NOT scale from this drawing. Check dimensions on site against site						
SL	survey prior to any new works. Report and resolve any discrepencies						
р	prior to any new building works.						
- R	Relevant Party Wall notices to be served and agreed before new works. CDM Co-ordinator to be appointed with Health & Safety file in place prior						
- C							
to any new works.							
Revision	Date:	Description:	By:				
	19 02 21	Construction Issue	MJB				
C1							
C1 C2	27.05.21	Bat boxes indicated	MJF				
		Bat boxes indicated Gas & electric meter locations updated to suit subs					
C2	27.05.21		MJF MJF				