

CONSULTANTS

STRUCTURAL
XXX
STREET ADDRESS
SUITE XX
CITY, STATE ZIPCODE
MEP
XXX
STREET ADDRESS
SUITE XX
CITY, STATE ZIPCODE
CONSULTANT 1
XXX
STREET ADDRESS
SUITE XX
CITY, STATE ZIPCODE
CONSULTANT 2
XXX
STREET ADDRESS
SUITE XX
CITY, STATE ZIPCODE
CONTRACTOR
XXX
STREET ADDRESS
SUITE XX
CITY, STATE ZIPCODE

REGISTRATION

I HEREBY CERTIFY THAT THIS PLAN, SPECIFICATION OR REPORT, WAS PREPARED BY ME OR UNDER MY DIRECT SUPERVISION AND THAT I AM A DULY LICENSED ARCHITECT UNDER THE LAWS OF THE STATE OF MINNESOTA.

SIGNATURE:

NAME: NAME
DATE: XXXX/XX/2020 REG NO.: #####

PROJECT

Hazel Technologies Inc.

320 North Sangamon St
SUITE XXX
Chicago, IL 60607

Tishman Speyer

222 N LaSalle Dr
Suite 750
Chicago, IL 60601

KEYPLAN



ISSUE CHART

NOT FOR CONSTRUCTION

T	ISSUED FOR FINAL PLAN	07/16/2020
DATE	ISSUE	
Job Number	021726.000	
TITLE		

FURNITURE PLAN - LEVEL 03 - FOR REFERENCE ONLY

SHEET NUMBER

A15-03

FURNITURE PLAN GENERAL NOTES

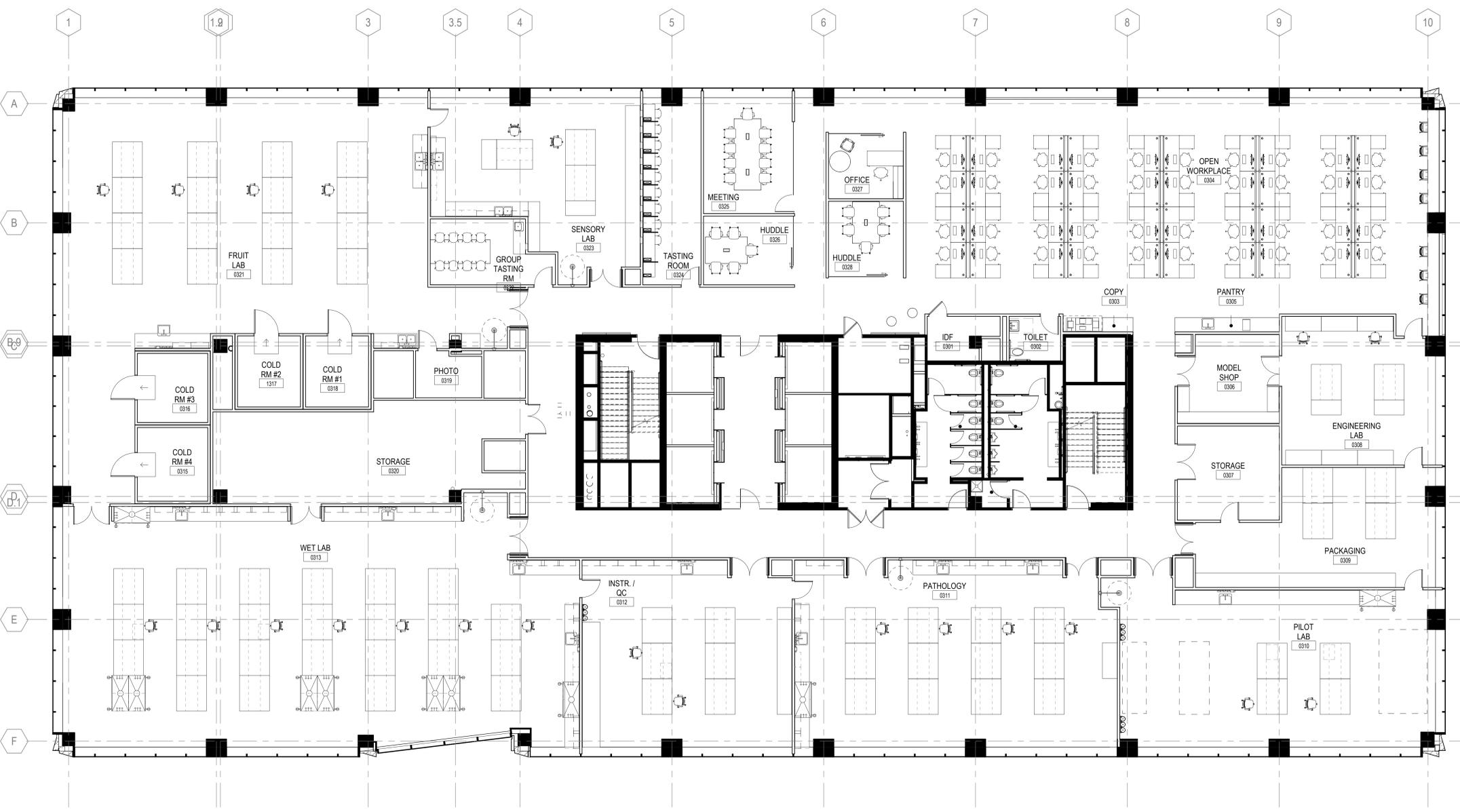
- FURNITURE SHOWN FOR REFERENCE AND COORDINATION PURPOSES ONLY.
- FURNITURE DEALER TO MAINTAIN REQUIRED CLEARANCES AT ALL EGRESS PATHS. FIELD VERIFICATION REQUIRED FOR FINAL LAYOUTS PRIOR TO INSTALLATION.

FURNITURE PLAN SYMBOL LEGEND

- NEW FURNITURE (F01)
- EXISTING FURNITURE (F01)

FURNITURE PLAN KEYED NOTES

<<< Indicates Sheet Keynote on Plan



1 LEVEL 03 - Furniture Plan
1/8" = 1'-0"