



(PLEASE COMPLETE SPECIFIED DRAWINGS ARE IN HIGHLIGHTS) DATE: 11/20/2018 DESIGNER: CHECKER: APPROVER:		DESIGN: HAD BEAMS: SHARP NOTES:		DO NOT SCALE DRAWING		REVISION:	
NAME: _____ SIGNATURE: _____ DATE: _____		TITLE: _____					
DRAWN: CHECK: APPROV: MFG: G.A.		MATERIAL: _____		SHEET NO: _____		TOTAL SHEETS: _____	
WEIGHT: _____		SCALE: 1:1		SHEET: 1 OF 1		1	