

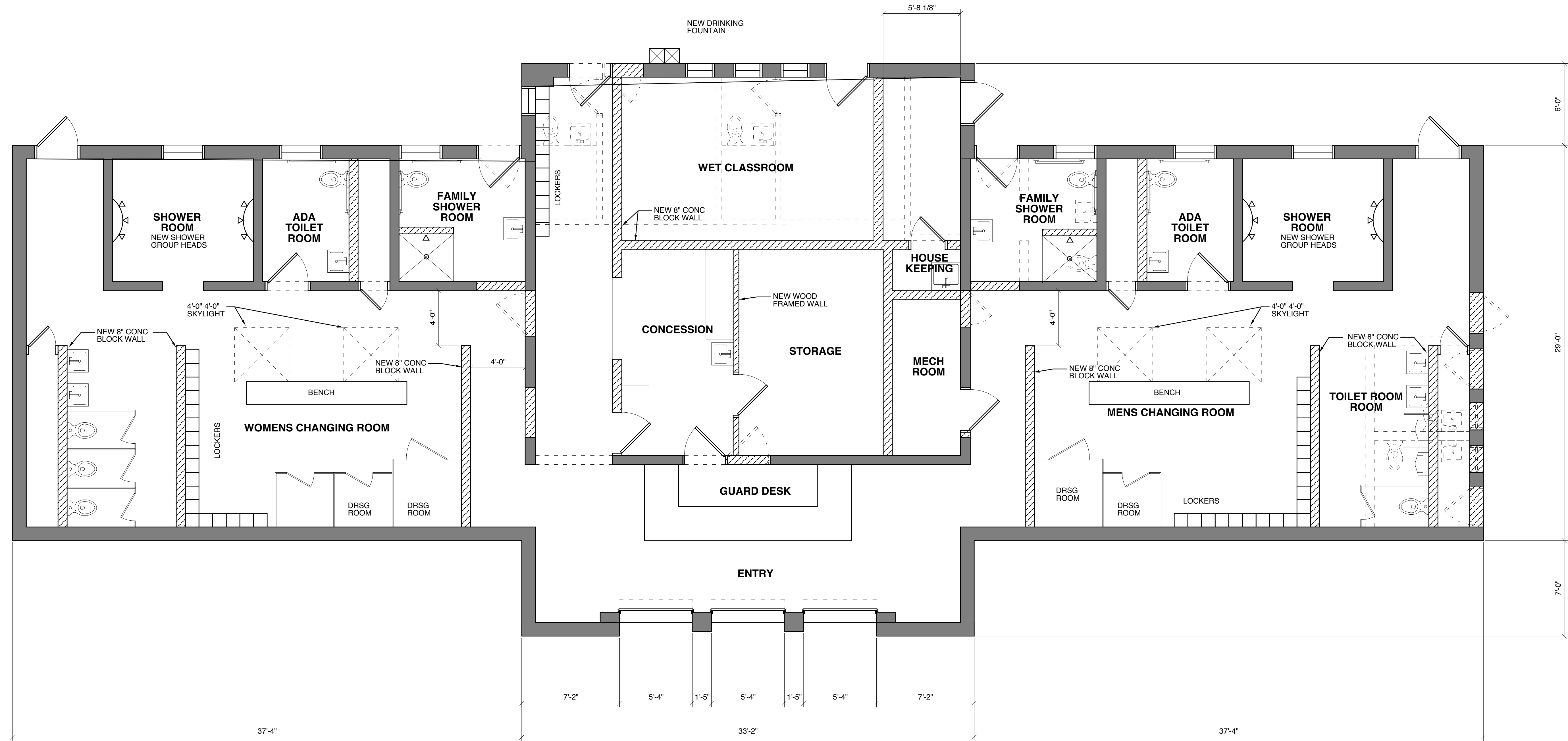
I HEREBY CERTIFY THAT THIS PLAN, SPECIFICATION, OR REPORT WAS PREPARED BY ME OR UNDER MY DIRECT SUPERVISION AND THAT I AM A DULY REGISTERED PROFESSIONAL ARCHITECT UNDER THE LAWS OF THE STATE OF:

SIGNED: \_\_\_\_\_  
DATE: \_\_\_\_\_  
NUMBER: \_\_\_\_\_

**MEMORIAL POOL BATHHOUSE**  
LA CROSSE WI

Project: \_\_\_\_\_  
Scale: \_\_\_\_\_  
Project No.: \_\_\_\_\_  
Date: **11.09.2017**  
Drawing Name: \_\_\_\_\_  
Sheet No.: \_\_\_\_\_

**A2**



**PLAN SYMBOLS KEY**

- EXISTING EXTERIOR & INTERIOR BLDG WALLS
- NEW TENANT WALLS - TO CEILING GRID
- REMOVED WALLS
- NEW DOORS-SEE DOOR NOTES
- EXISTING DOOR TO REMAIN
- EXISTING DOOR TO RELOCATED
- REMOVED DOORS

**BATHHOUSE PLAN**

SCALE: 1/4" = 1'-0"

