



EAST ELEVATION, SIDE



WEST ELEVATION, SIDE

SCALE 3/16"=1'

X	X	
1	ISSUED FOR REVIEW	12/11/2024
no.	revision	date

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The undersigned has reviewed and takes responsibility for this design, and has the qualifications and meets the requirements set out in the Ontario Building Code

NAME: MARK JANCZARSKI, P.ENG. 32559 BORN: 29521

NAME: SIGNATURE: BORN:

north point

professional stamp

DEC.10, 2024

IDEAL HEALTH CENTRE
4405-4409 INNES ROAD
ORLEANS
OTTAWA, ONTARIO

drawing title

PROPOSED BUILDING
HYDRO POST AVOIDANCE
ELEVATIONS

drawn AM/MJ		approved MJ
date		revision
job no. 07-01-2017	FL -2.2	1