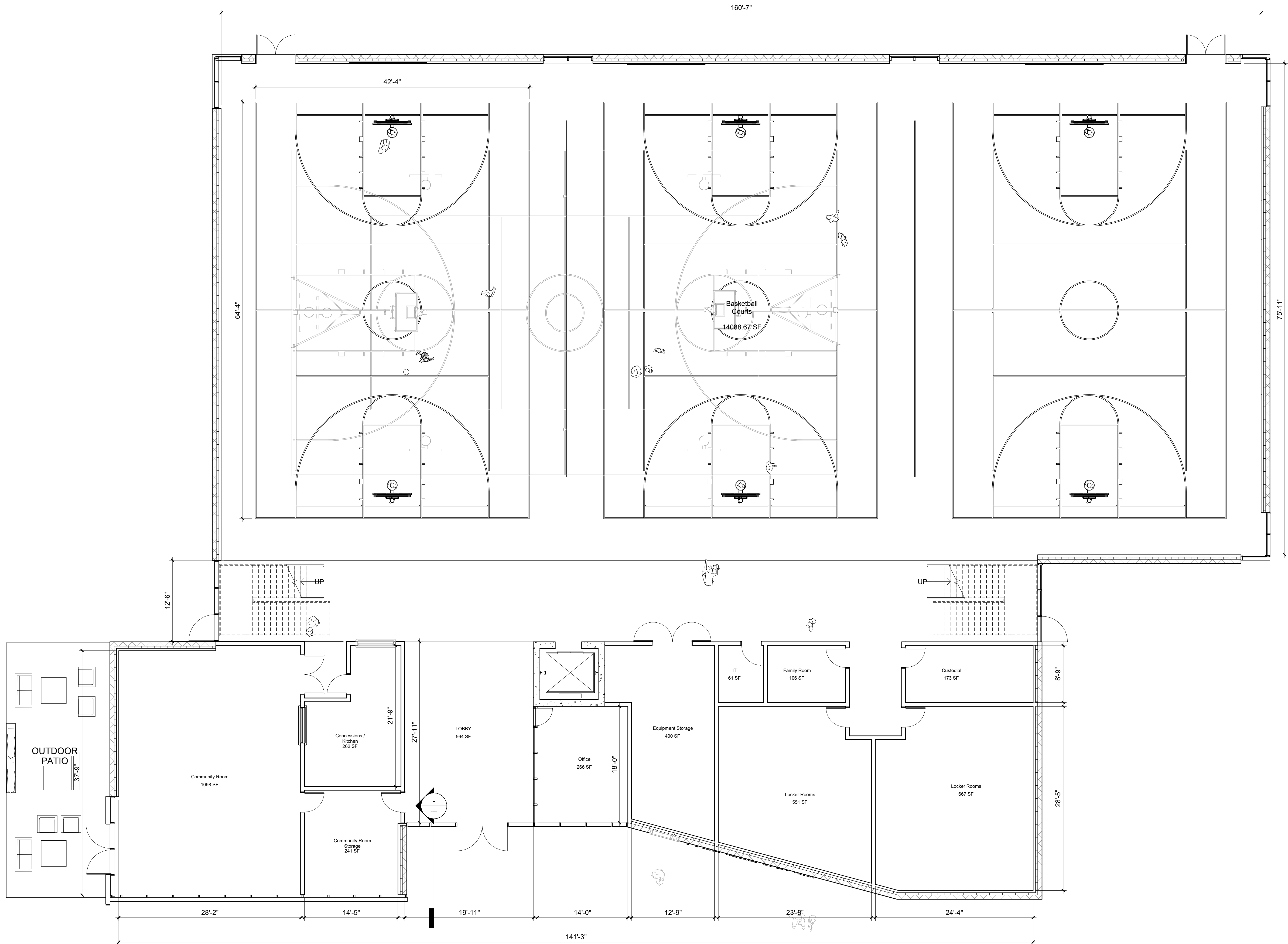


GENERAL NOTES

- DIMENSIONS ARE MEASURED FACE-OF-FINISH TO FACE-OF-FINISH OR ROUGH MASONRY OPENING UNLESS NOTED OTHERWISE - TYPICAL FOR ALL DRAWINGS.
- FIELD VERIFY ALL DIMENSIONS AND EXISTING CONDITIONS - TYPICAL FOR ALL DRAWINGS.
- IN THE EVENT OF A DISCREPANCY BETWEEN ARCHITECTURAL AND CONSULTANT DRAWINGS, NOTIFY ARCHITECT IMMEDIATELY PRIOR TO COMMENCING WORK - TYPICAL FOR ALL DRAWINGS.
- ALL PENETRATIONS IN FIRE RATED FLOORS AND WALLS MUST BE SEALED WITH APPROPRIATE FIRESTOPPING SYSTEM.
- PATCH AND REPAIR EXISTING FLOOR SLABS AND WALL SURFACES DAMAGED FROM DEMOLITION.

KEYNOTE LEGEND

ACCESSORIES LEGEND

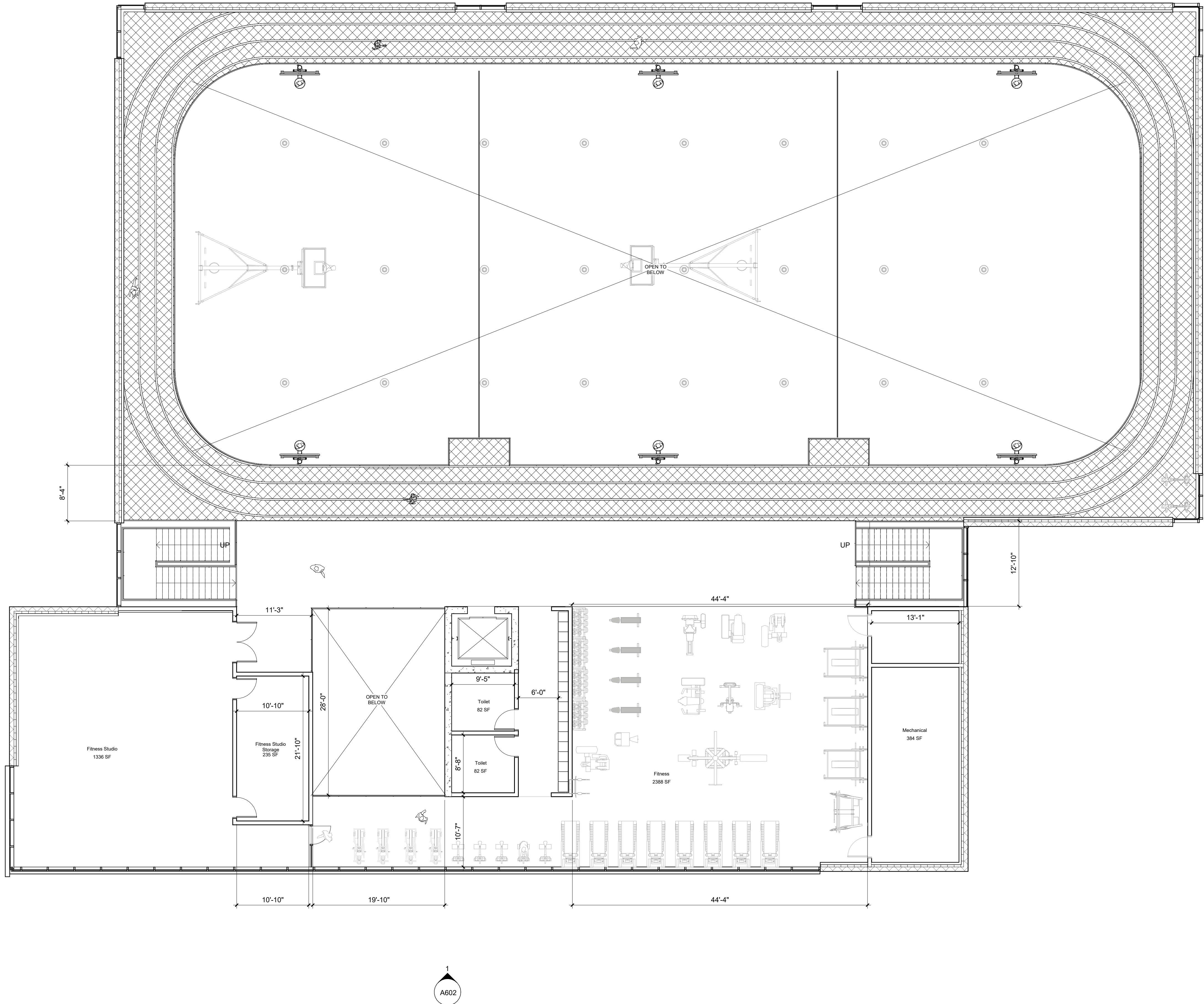


1 LEVEL 1 FLOOR PLAN  
1/8" = 1'-0"

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1 LEVEL 2 FLOOR PLAN  
1/8" = 1'-0"



- GENERAL NOTES**
- DIMENSIONS ARE MEASURED FACE-OF-FINISH TO FACE-OF-FINISH OR ROUGH MASONRY OPENING UNLESS NOTED OTHERWISE - TYPICAL FOR ALL DRAWINGS.
  - FIELD VERIFY ALL DIMENSIONS AND EXISTING CONDITIONS - TYPICAL FOR ALL DRAWINGS.
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  - PATCH AND REPAIR EXISTING FLOOR SLABS AND WALL SURFACES DAMAGED FROM DEMOLITION.

**KEYNOTE LEGEND**

**ACCESSORIES LEGEND**

**OPN ARCHITECTS**

200 5th Ave. SE, Suite 201  
Cedar Rapids, IA 52401  
P: 319-363-6018  
www.opnarchitects.com

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Project  
**RIVERSIDE COMMUNITY WELLNESS CENTER**

**General Contractor**

**Contractor Name**  
XXX 1ST STREET  
DES MOINES, IA 50309  
P. 515-309-XXXX

**Civil Engineer**

**Contractor Name**  
XXX 1ST STREET  
DES MOINES, IA 50309  
P. 515-309-XXXX

**Structural Engineer**

**Contractor Name**  
XXX 1ST STREET  
DES MOINES, IA 50309  
P. 515-309-XXXX

**Mechanical Engineer**

**Contractor Name**  
XXX 1ST STREET  
DES MOINES, IA 50309  
P. 515-309-XXXX

**Electrical Engineer**

**Contractor Name**  
XXX 1ST STREET  
DES MOINES, IA 50309  
P. 515-309-XXXX

Key Plan

Revision Description Date

OPN Project No.

Sheet Issue Date

05/05/20

Sheet Name

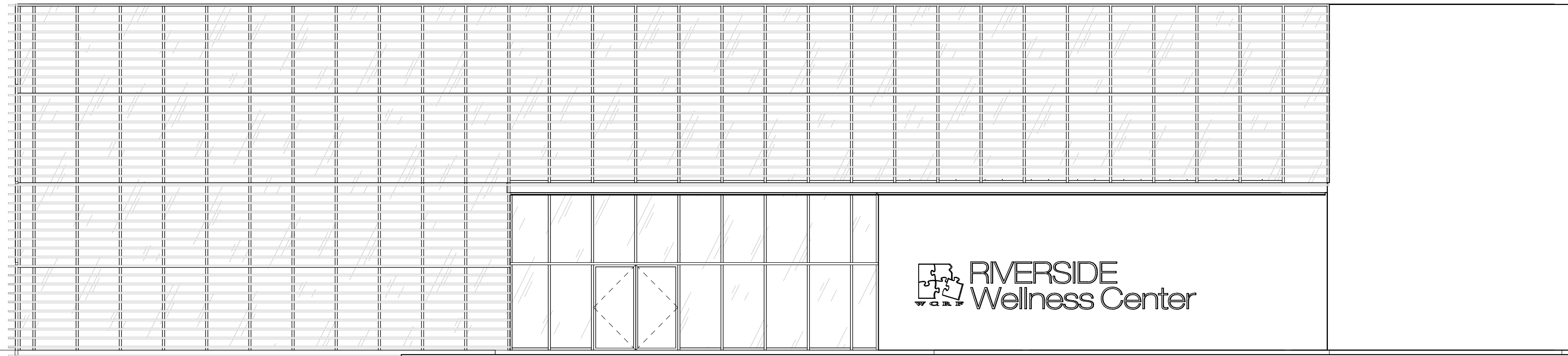
**LEVEL 2 FLOOR PLAN**

Sheet Number

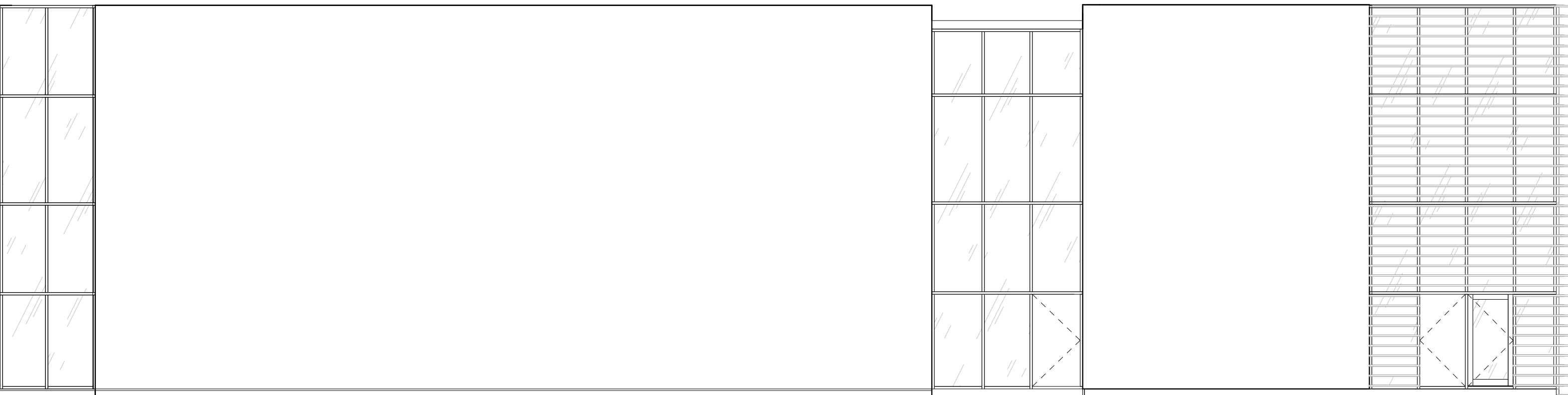
**PRELIMINARY. NOT FOR CONSTRUCTION.**

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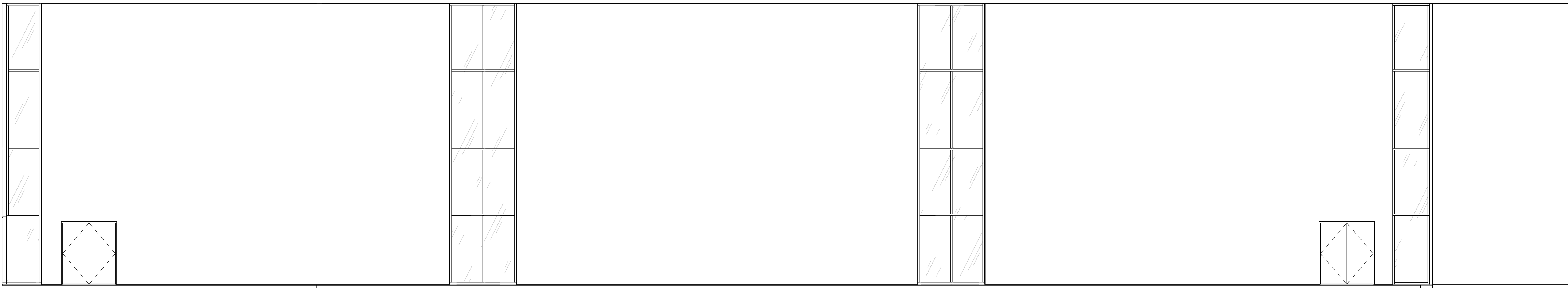
1 SOUTH ELEVATION  
1/8" = 1'-0"



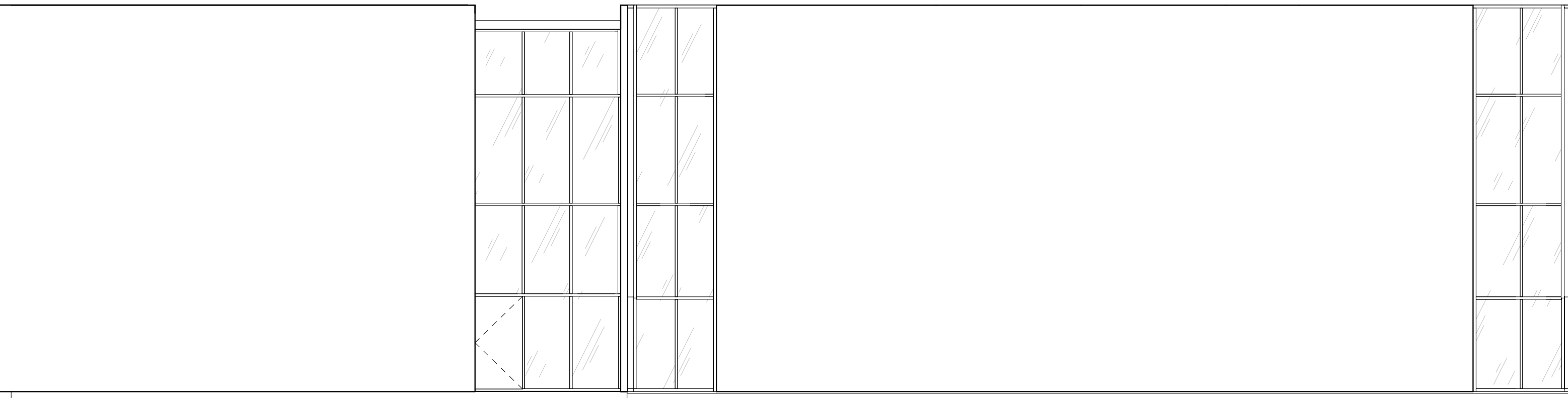
2 WEST ELEVATION  
1/8" = 1'-0"



3 NORTH ELEVATION  
1/8" = 1'-0"



4 EAST ELEVATION  
1/8" = 1'-0"



KEYNOTE LEGEND

ACCESSORIES LEGEND

Owner

Project

**RIVERSIDE COMMUNITY WELLNESS CENTER**

General Contractor

**Contractor Name**  
XXX 1ST STREET  
DES MOINES, IA 50309  
P. 515-309-XXXX

Civil Engineer

**Contractor Name**  
XXX 1ST STREET  
DES MOINES, IA 50309  
P. 515-309-XXXX

Structural Engineer

**Contractor Name**  
XXX 1ST STREET  
DES MOINES, IA 50309  
P. 515-309-XXXX

Mechanical Engineer

**Contractor Name**  
XXX 1ST STREET  
DES MOINES, IA 50309  
P. 515-309-XXXX

Electrical Engineer

**Contractor Name**  
XXX 1ST STREET  
DES MOINES, IA 50309  
P. 515-309-XXXX

Key Plan

Revision Description Date

OPN Project No.

Sheet Issue Date

12/30/20

Sheet Name

**EXTERIOR ELEVATIONS**

Sheet Number

**PRELIMINARY. NOT FOR CONSTRUCTION.**

**A602**