

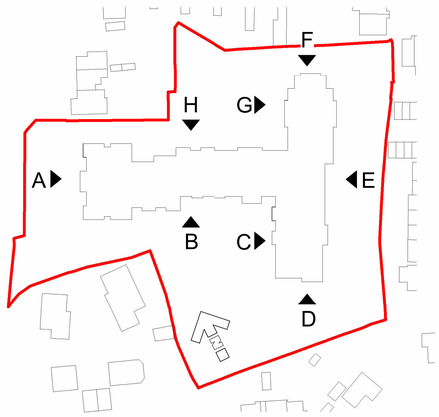
C. WEST ELEVATION
1 : 100



D. SOUTH ELEVATION
1 : 100



E. EAST ELEVATION
1 : 100



KEY PLAN
1 : 1000

0 2.5 5 7.5 10m

Rev.	Description	Author	Checked	Date
D	ISSUED FOR PLANNING NMA	MD	VK	25/04/2025
C	ISSUED FOR PLANNING NMA	PG	VK	14/04/2025
B	ISSUED FOR PLANNING	MD	PK	10/06/2024
A	ISSUED FOR PLANNING	MD	MM	28/03/2024

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PLANNING

Client: SPLENDID HEALTHCARE

Project: KINGSMEAD

Title: ELEVATIONS - SHEET 2/3

CAP no.: A

scale	author	chk'd	date	sheet size
As indicated	MD	MM	05/01/2024	A1

project.	org.	zone.	level.	type.	role.	class.	num.	status.	rev.
1031							31	PL	D

For construction purposes dimensions shall not be scaled & figured dimensions must be verified on site before work commences.
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