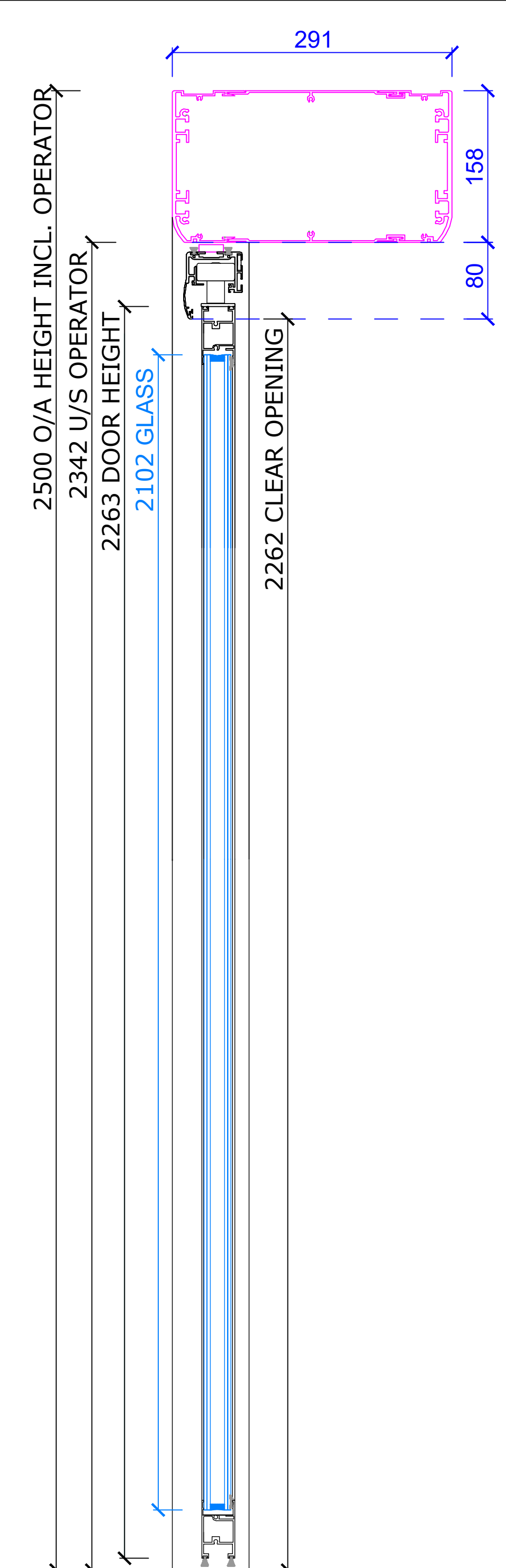
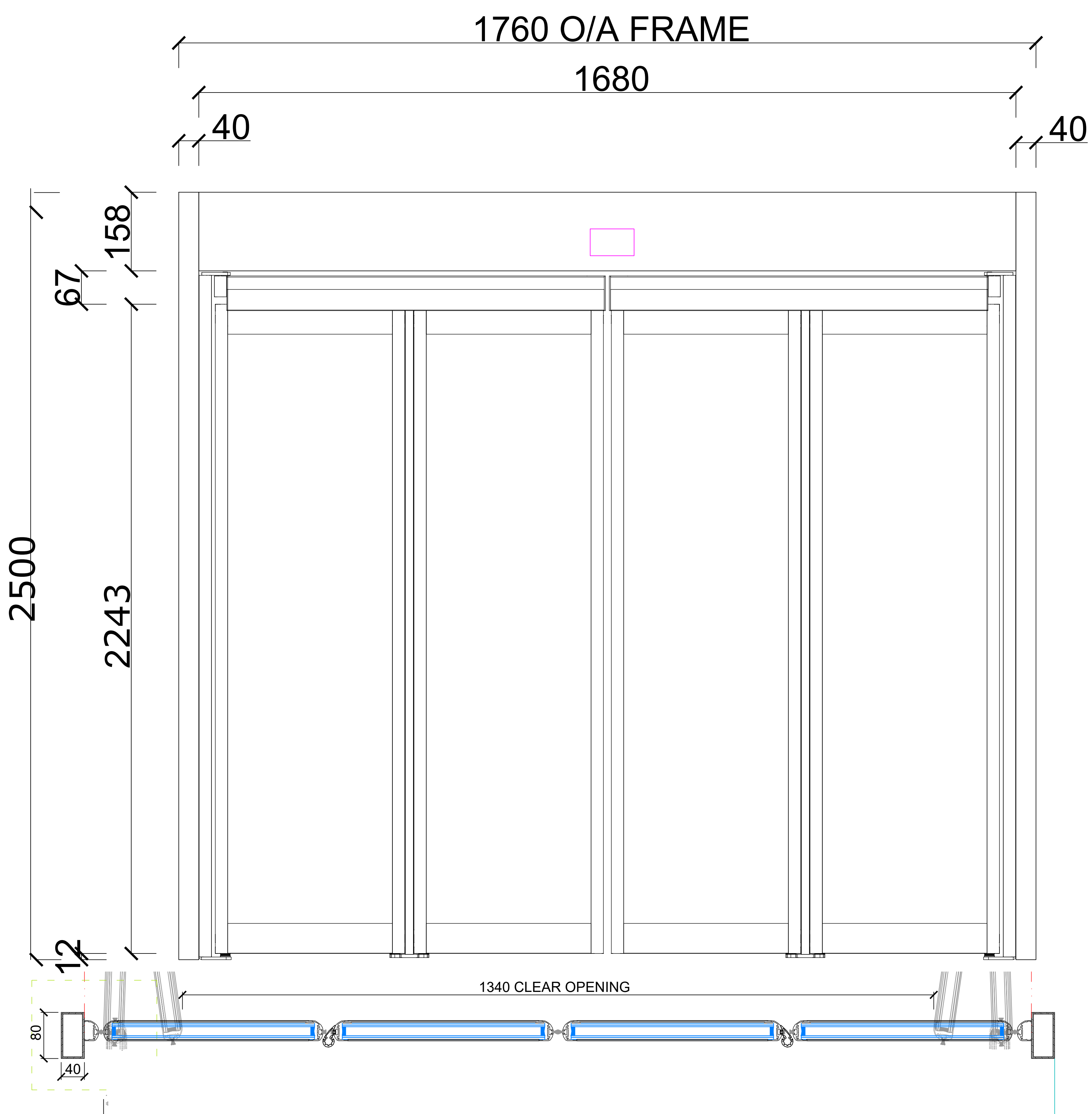




Colour Key :	
●	Existing/By Others
●	DSS
●	DSS Glass
●	DSS Operator

TO BE SIGNED BY SURVEYOR

Name:

Sign:

TO BE SIGNED BY CLIENT

Name:

Sign:

Date:

DRAWING MUST BE SIGNED OFF BEFORE WORKS CAN PROCEED. PLEASE ALLOW 4 WEEKS FROM SIGNED DRAWING APPROVAL FOR INSTALLATION OF SHOPFRONT. ALL DATES TO BE CONFIRMED BY PROJECT MANAGER.

DRAWING FOR APPROVAL

Client: XXXXX		Job: XXXXXXXXXX
Dwg. Title: Main Entrance		Dwg. No: 01
Address: XXXXXX XXXX XXXX XXXX		
Drawn by: CW	Draft: 01	Proj. No: 9075
Scale: NTS		Job. No: 110711
Date: XX/XX/21		

