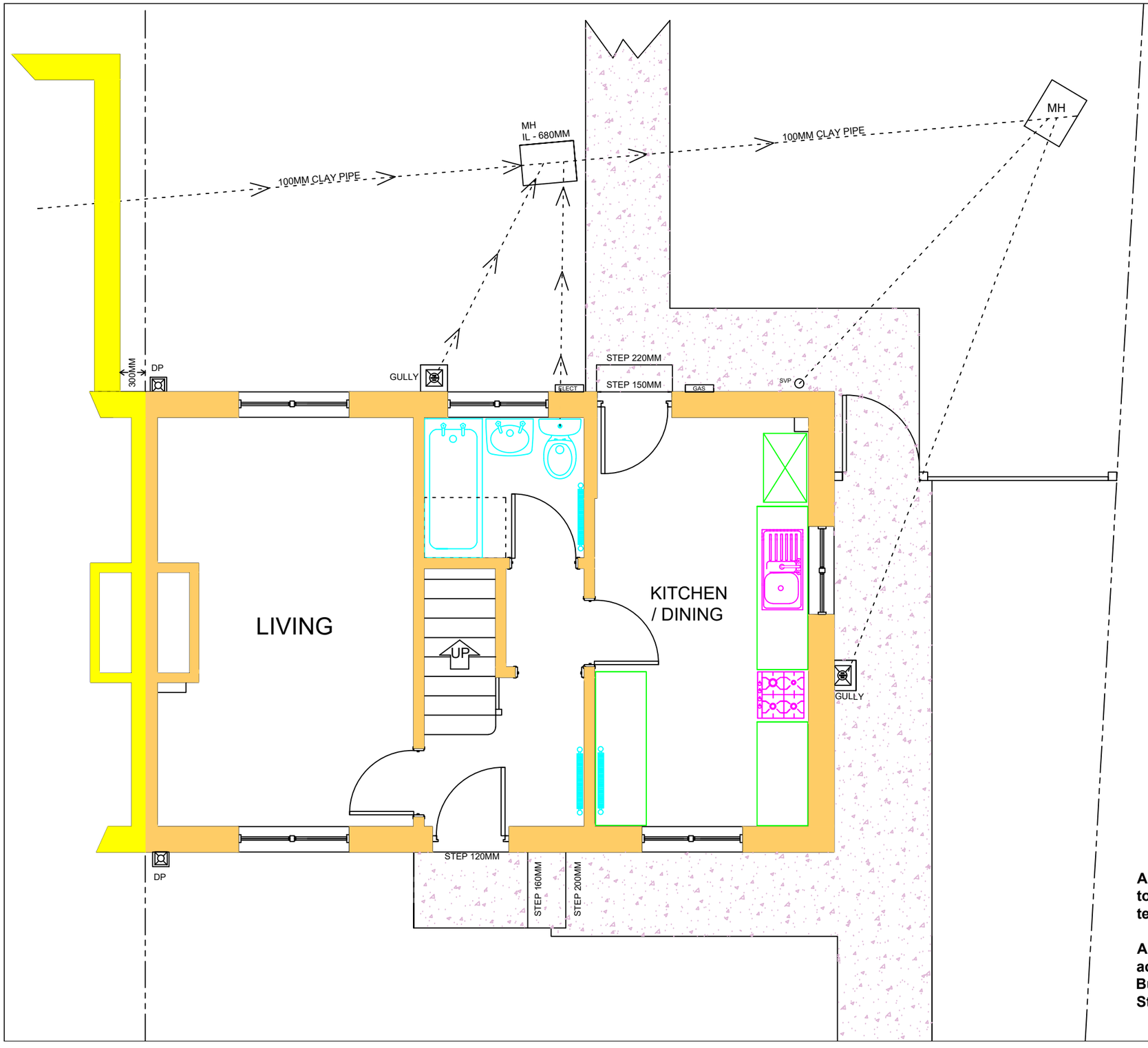


I AGREE TO THE PROPOSED WORKS TAKING PLACE.
Client Name: _____

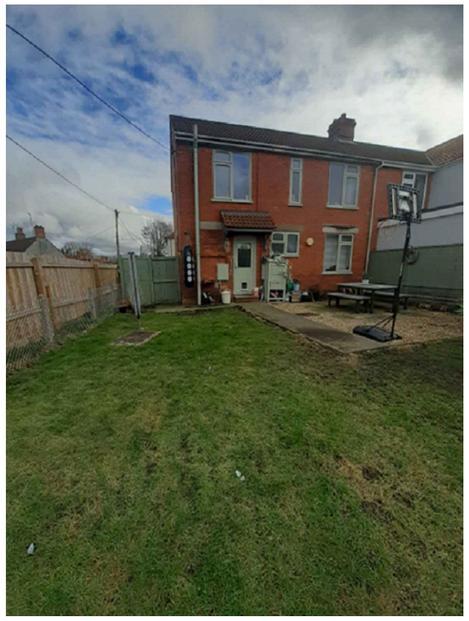
Signature: _____

I CAN CONFIRM THAT THIS SCHEME MEETS THE NEEDS IDENTIFIED ON THE REFERRAL DATED_____

Occupational Therapist
Name: _____

Signature: _____

0 1 2 3
METERS



All particulars & dimensions to be checked on sit prior to tendering & commencement.

All works to be carried out in accordance with current Building Regulations, British Standards & Code of Practice.

NAME
Mr. Kevin Clark
Warminster.
WK/202308620

TITLE
Existing Layout.

SCALE	DRAWING
1:50	08620/1
DATE	**DRAWN**
11/05/2023	BSL

Wiltshire Council