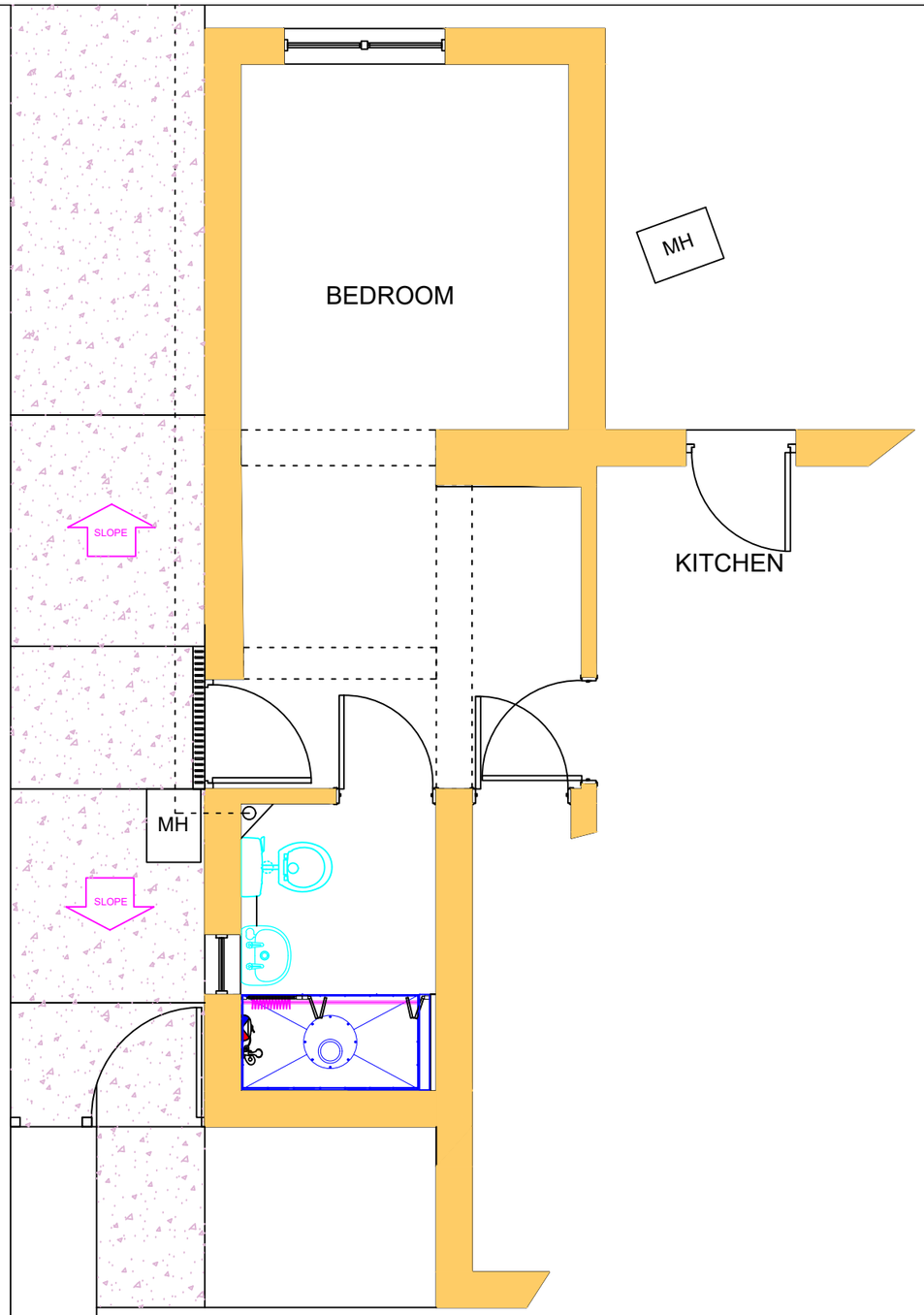
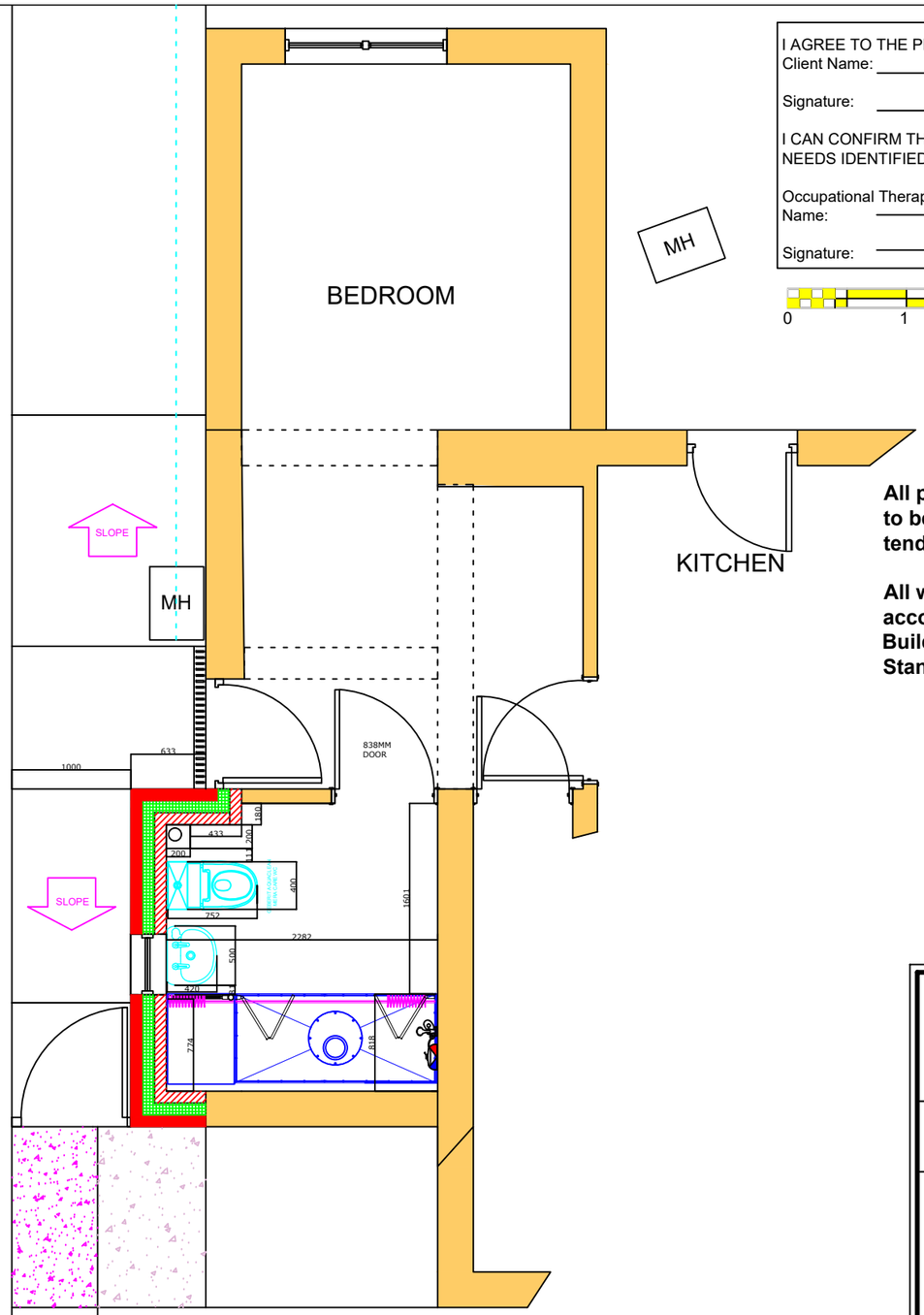


EXISTING LAYOUT



PROPOSED LAYOUT

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. Marcel Zak
Calne.
WK/202308454

TITLE
Layouts2

SCALE	**DRAWING**
1:50	08454/1
DATE	**DRAWN**
25/05/2023	BSL

Wiltshire Council