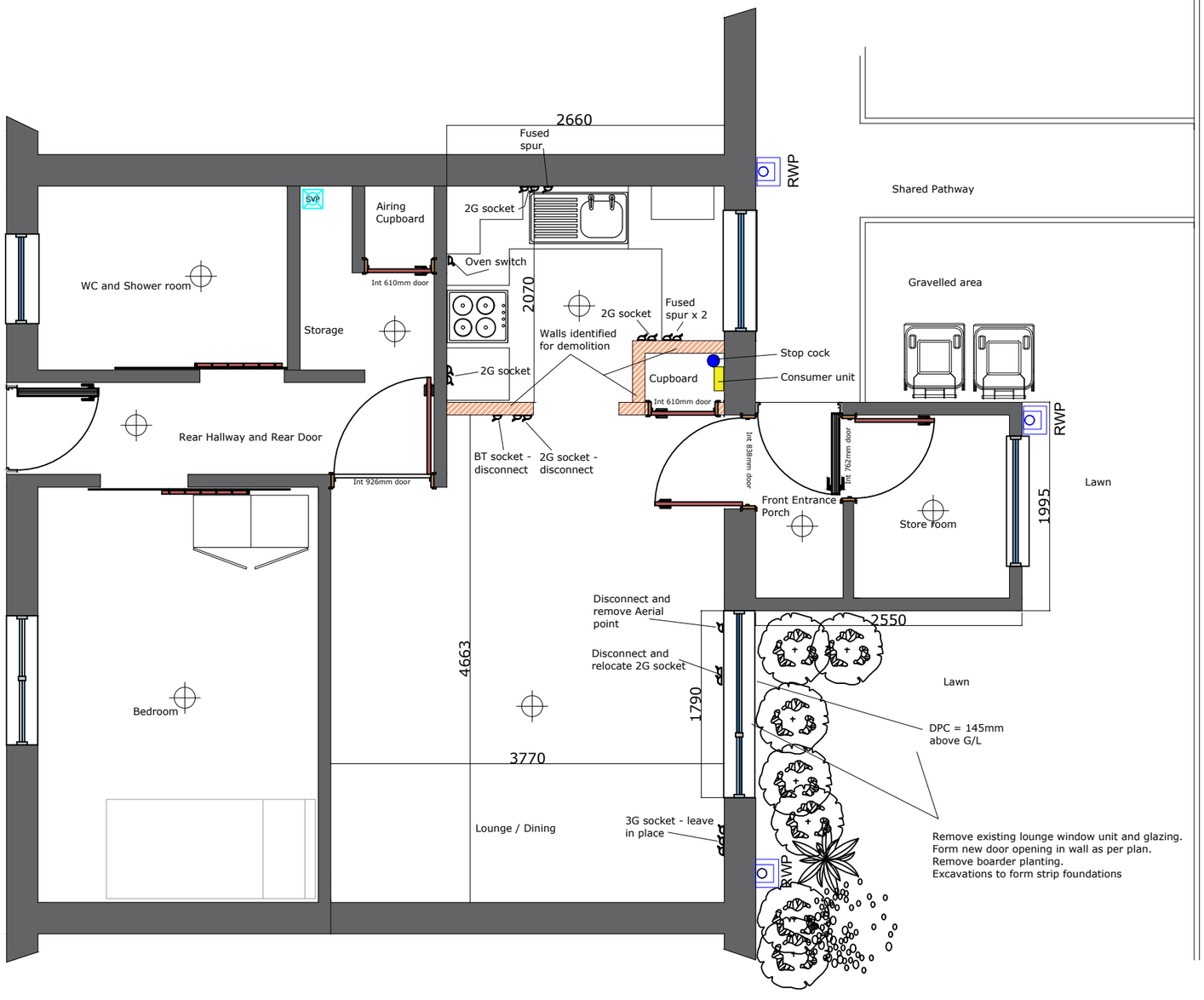
EXISTING LAYOUT



I AGREE TO THE PROPOSED WORKS TAKING PLACE

Client Name: _____

Signature: _____

I CAN CONFIRM THAT THIS SCHEME MEETS THE NEEDS IDENTIFIED ON THE REFERAL DATED.....

Occupational Therapist Name: _____

Signature: _____

0 1000 2000 3000

MILLIMETERS

All particulars & dimensions to be checked on site prior to commencement.

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

NAME: EVANS
LODDON WAY, B on A

WK202318269

TITLE ACCESS and KITCHEN ADAPTATION

SCALE	**DRAWING**
1:50	KPD 2/1
DATE	**DRAWN**
22/09/23	K.DICKENS

Wiltshire Council