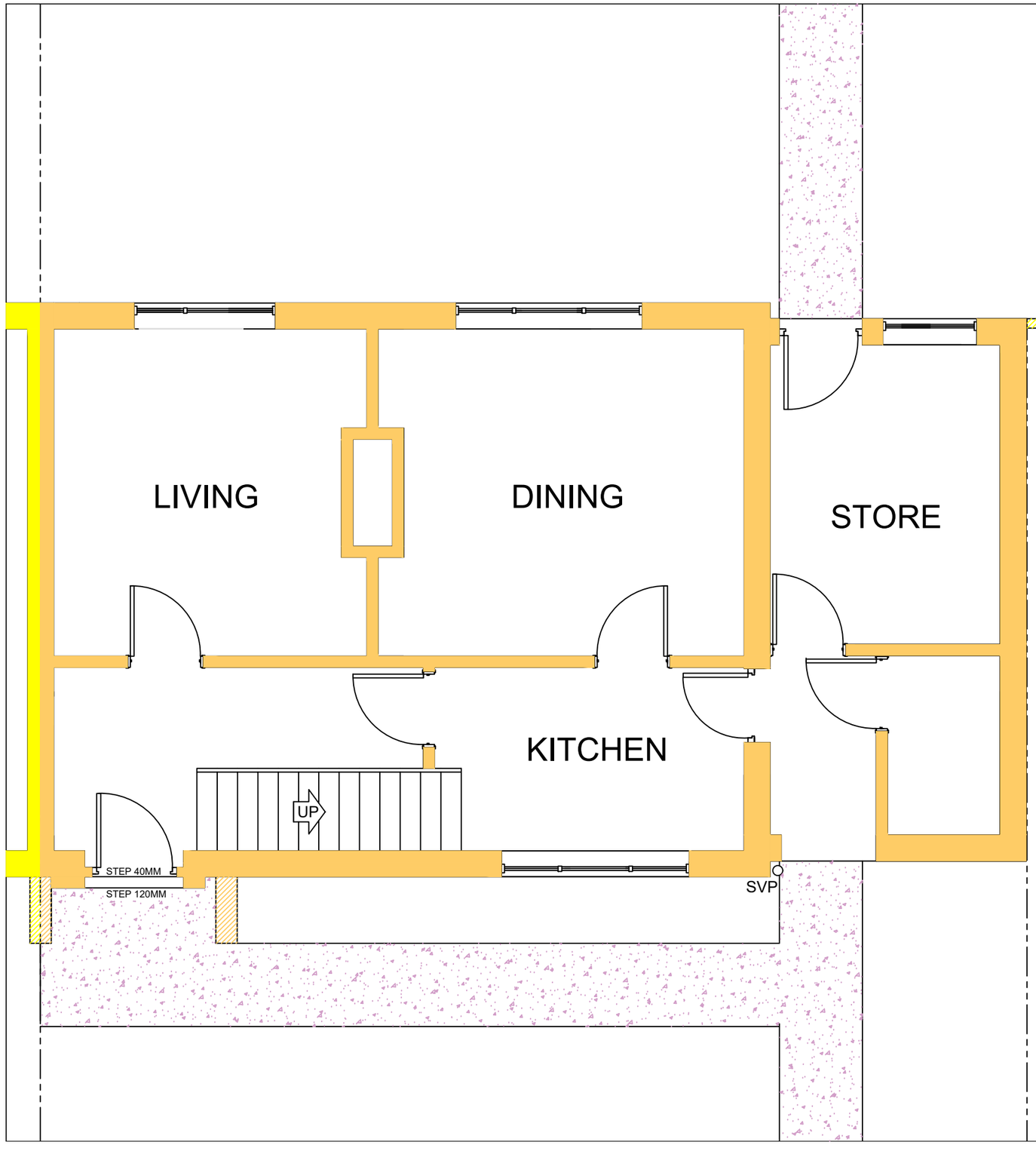

I AGREE TO THE PROPOSED WORKS TAKING PLACE.
Client Name: _____

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
Mrs Amy Fricker
RWB.
WK/202321708

TITLE
Existing Layout.

SCALE	**DRAWING**
1:50	21708/1
DATE	**DRAWN**
21/09/2023	BSL

Wiltshire Council