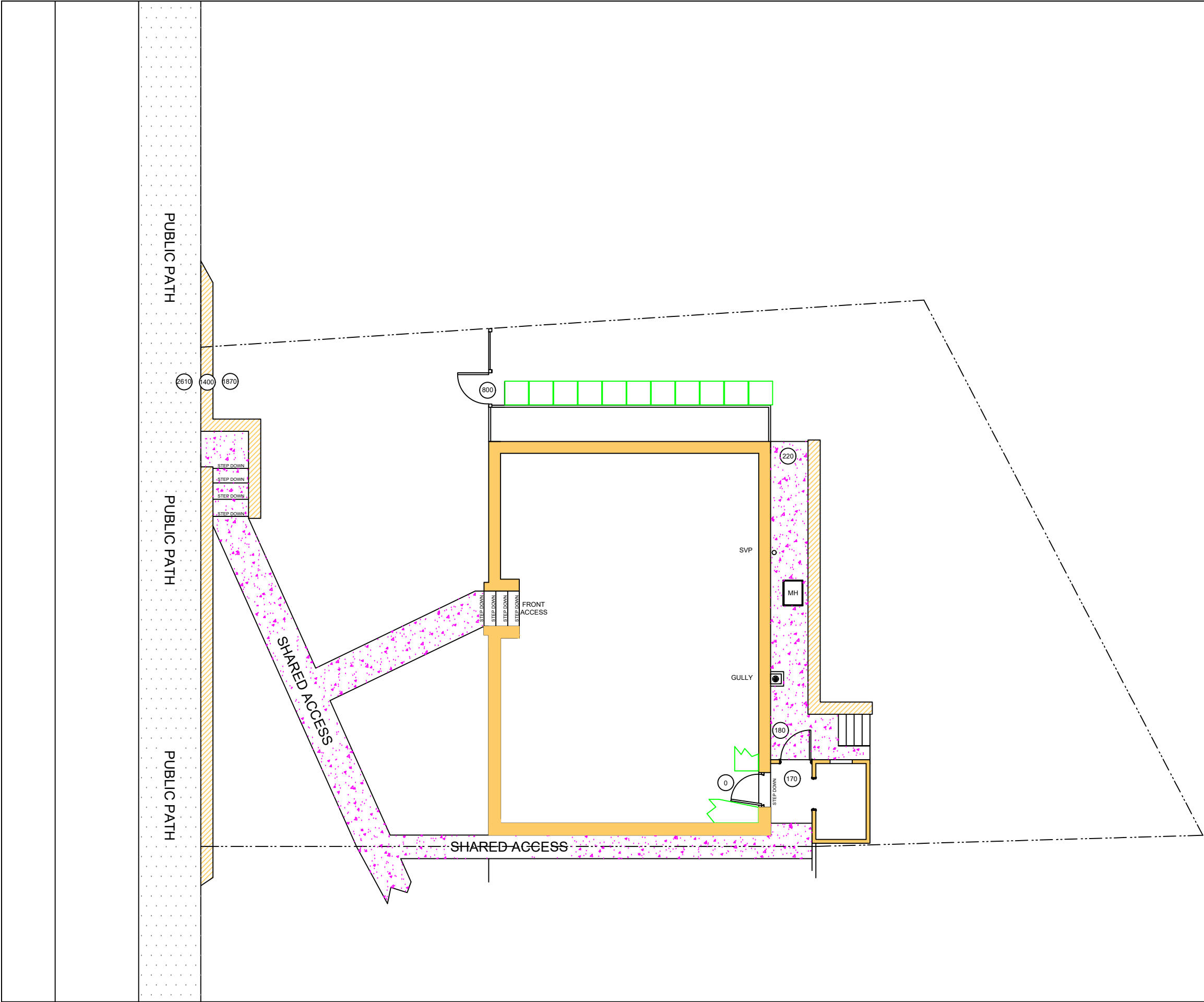
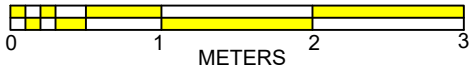




I AGREE TO THE PROPOSED WORKS TAKING PLACE.
Client Name: _____
Signature: _____

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

Occupational Therapist
Name: _____
Signature: _____



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. Johan Banks Royal Wootton Bassett. PR202511-589230	
TITLE Existing Layout.	
SCALE 1:100	DRAWING 589230/1
DATE 01/12/2025	DRAWN BSL