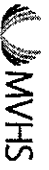
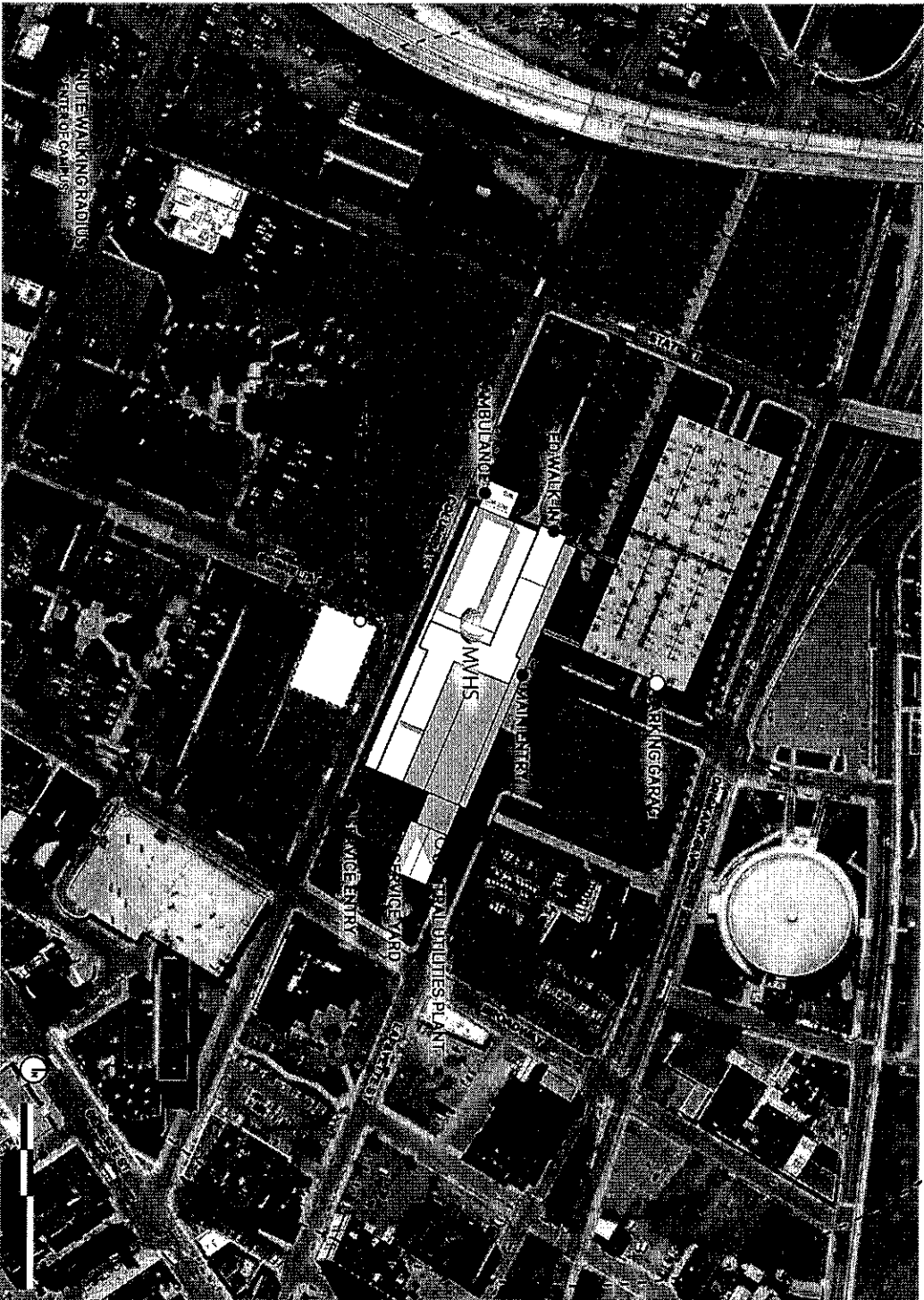


CON - SD SUBMITTAL

NOVEMBER 1, 2017
CON - SD RFI RESPONSE: DECEMBER 19, 2017

LIST OF SHEETS

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|--------|------------------------------------|
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| AS102 | STACKING DIAGRAM |
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| G1102 | F2 LIFE SAFETY PLAN |
| G1103 | F3, F4 LIFE SAFETY PLANS |
| G1105 | F5, F6 LIFE SAFETY PLANS |
| G1107 | F7, F8 LIFE SAFETY PLANS |
| G1109 | F9, F10 LIFE SAFETY PLAN |
| G201 | F1, GEP F1-F3 FUNCTIONAL AREA PLAN |
| G202 | F2 FUNCTIONAL AREA PLAN |
| G203 | F3, F4 FUNCTIONAL AREA PLAN |
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| AE101B | F1 FLOOR PLAN - AREA B |
| AE101C | F1 FLOOR PLAN - AREA C |
| AE101D | F1 FLOOR PLAN - AREA D |
| AE102 | F2 OVERALL FLOOR PLAN |
| AE102A | F2 FLOOR PLAN - AREA A |
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| AE105B | F5 FLOOR PLAN - AREA B |
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| AE106A | F6 FLOOR PLAN - AREA B |
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| AE108 | F8 FLOOR PLAN - AREA B |
| AE108A | F8 FLOOR PLAN - AREA A & C |
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| AE109 | F9 OVERALL FLOOR PLAN, ROOF PLAN |
| AE109A | F9 FLOOR PLAN - AREA A & C |
| AE109B | F9 FLOOR PLAN - AREA B |
| AE110 | F10 FLOOR PLAN - AREA A & C |
| AE110A | F10 FLOOR PLAN - AREA A & C |
| AE110B | F10 FLOOR PLAN - AREA B |



MOHAWK VALLEY HEALTH SYSTEM

01/20/17

11/20/17 4:52:02 PM

nbbj

MEMBER OF THE
NATIONAL ARCHITECTURAL
FIRM ASSOCIATION
INCORPORATED IN THE
STATE OF NEW YORK



Ceiling Compliance Notes

| |
|---|
| 1. All ceiling heights shall be as indicated on the drawings. If no ceiling height is indicated, the ceiling shall be finished at a minimum height of 8'-0" above the finished floor level. |
| 2. All ceiling heights shall be as indicated on the drawings. If no ceiling height is indicated, the ceiling shall be finished at a minimum height of 8'-0" above the finished floor level. |
| 3. All ceiling heights shall be as indicated on the drawings. If no ceiling height is indicated, the ceiling shall be finished at a minimum height of 8'-0" above the finished floor level. |
| 4. All ceiling heights shall be as indicated on the drawings. If no ceiling height is indicated, the ceiling shall be finished at a minimum height of 8'-0" above the finished floor level. |
| 5. All ceiling heights shall be as indicated on the drawings. If no ceiling height is indicated, the ceiling shall be finished at a minimum height of 8'-0" above the finished floor level. |

CEILING HEIGHTS & SURFACES

| Room/Space | Room Type | Ceiling Height | Surface Note | Room Number |
|------------|-----------|----------------|--------------------------|-------------|
| 01 | Office | 8'-0" | Acoustic tile, 15' x 15' | 01-001 |
| 02 | Office | 8'-0" | Acoustic tile, 15' x 15' | 02-001 |
| 03 | Office | 8'-0" | Acoustic tile, 15' x 15' | 03-001 |
| 04 | Office | 8'-0" | Acoustic tile, 15' x 15' | 04-001 |
| 05 | Office | 8'-0" | Acoustic tile, 15' x 15' | 05-001 |
| 06 | Office | 8'-0" | Acoustic tile, 15' x 15' | 06-001 |
| 07 | Office | 8'-0" | Acoustic tile, 15' x 15' | 07-001 |
| 08 | Office | 8'-0" | Acoustic tile, 15' x 15' | 08-001 |
| 09 | Office | 8'-0" | Acoustic tile, 15' x 15' | 09-001 |
| 10 | Office | 8'-0" | Acoustic tile, 15' x 15' | 10-001 |
| 11 | Office | 8'-0" | Acoustic tile, 15' x 15' | 11-001 |
| 12 | Office | 8'-0" | Acoustic tile, 15' x 15' | 12-001 |
| 13 | Office | 8'-0" | Acoustic tile, 15' x 15' | 13-001 |
| 14 | Office | 8'-0" | Acoustic tile, 15' x 15' | 14-001 |
| 15 | Office | 8'-0" | Acoustic tile, 15' x 15' | 15-001 |
| 16 | Office | 8'-0" | Acoustic tile, 15' x 15' | 16-001 |
| 17 | Office | 8'-0" | Acoustic tile, 15' x 15' | 17-001 |
| 18 | Office | 8'-0" | Acoustic tile, 15' x 15' | 18-001 |
| 19 | Office | 8'-0" | Acoustic tile, 15' x 15' | 19-001 |
| 20 | Office | 8'-0" | Acoustic tile, 15' x 15' | 20-001 |
| 21 | Office | 8'-0" | Acoustic tile, 15' x 15' | 21-001 |
| 22 | Office | 8'-0" | Acoustic tile, 15' x 15' | 22-001 |
| 23 | Office | 8'-0" | Acoustic tile, 15' x 15' | 23-001 |
| 24 | Office | 8'-0" | Acoustic tile, 15' x 15' | 24-001 |
| 25 | Office | 8'-0" | Acoustic tile, 15' x 15' | 25-001 |
| 26 | Office | 8'-0" | Acoustic tile, 15' x 15' | 26-001 |
| 27 | Office | 8'-0" | Acoustic tile, 15' x 15' | 27-001 |
| 28 | Office | 8'-0" | Acoustic tile, 15' x 15' | 28-001 |
| 29 | Office | 8'-0" | Acoustic tile, 15' x 15' | 29-001 |
| 30 | Office | 8'-0" | Acoustic tile, 15' x 15' | 30-001 |
| 31 | Office | 8'-0" | Acoustic tile, 15' x 15' | 31-001 |
| 32 | Office | 8'-0" | Acoustic tile, 15' x 15' | 32-001 |
| 33 | Office | 8'-0" | Acoustic tile, 15' x 15' | 33-001 |
| 34 | Office | 8'-0" | Acoustic tile, 15' x 15' | 34-001 |
| 35 | Office | 8'-0" | Acoustic tile, 15' x 15' | 35-001 |
| 36 | Office | 8'-0" | Acoustic tile, 15' x 15' | 36-001 |
| 37 | Office | 8'-0" | Acoustic tile, 15' x 15' | 37-001 |
| 38 | Office | 8'-0" | Acoustic tile, 15' x 15' | 38-001 |
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| 41 | Office | 8'-0" | Acoustic tile, 15' x 15' | 41-001 |
| 42 | Office | 8'-0" | Acoustic tile, 15' x 15' | 42-001 |
| 43 | Office | 8'-0" | Acoustic tile, 15' x 15' | 43-001 |
| 44 | Office | 8'-0" | Acoustic tile, 15' x 15' | 44-001 |
| 45 | Office | 8'-0" | Acoustic tile, 15' x 15' | 45-001 |
| 46 | Office | 8'-0" | Acoustic tile, 15' x 15' | 46-001 |
| 47 | Office | 8'-0" | Acoustic tile, 15' x 15' | 47-001 |
| 48 | Office | 8'-0" | Acoustic tile, 15' x 15' | 48-001 |
| 49 | Office | 8'-0" | Acoustic tile, 15' x 15' | 49-001 |
| 50 | Office | 8'-0" | Acoustic tile, 15' x 15' | 50-001 |

MATERIAL LEGEND

| | |
|--|----------------------------------|
| | Acoustic Tile |
| | Drywall |
| | Concrete |
| | Steel Deck |
| | Insulation |
| | Gypsum Board |
| | Fiberglass Insulation |
| | Mineral Wool Insulation |
| | Glass Fiber Insulation |
| | Polyurethane Insulation |
| | Polystyrene Insulation |
| | Polyisocyanurate Insulation |
| | XPS Insulation |
| | EPS Insulation |
| | Mineral Wool Batt Insulation |
| | Glass Fiber Batt Insulation |
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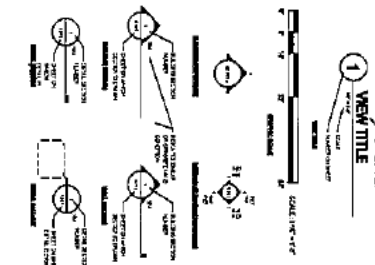
AMENDMENTS

| No. | Date | Description |
|-----|------------|-------------------------|
| 1 | 10/15/2023 | Initial Issue |
| 2 | 10/20/2023 | Revised Ceiling Heights |
| 3 | 10/25/2023 | Added Material Legend |
| 4 | 11/01/2023 | Final Approved |

GENERAL NOTES

- 1. All work shall be in accordance with the specifications and drawings.
- 2. All materials shall be of the highest quality and shall be approved by the architect.
- 3. All work shall be completed within the specified time frame.
- 4. All work shall be done in accordance with all applicable codes and regulations.
- 5. All work shall be done in a safe and sound manner.
- 6. All work shall be done in a professional and courteous manner.
- 7. All work shall be done in a timely and efficient manner.
- 8. All work shall be done in a cost-effective manner.
- 9. All work shall be done in a high-quality manner.
- 10. All work shall be done in a safe and sound manner.

PHOTOGRAPH LEGEND



RBB/BBB
REGISTERED ARCHITECTS
1000 N. 10TH STREET, SUITE 100
DENVER, CO 80202
TEL: 303.733.1111
WWW.RBB/BBB.COM

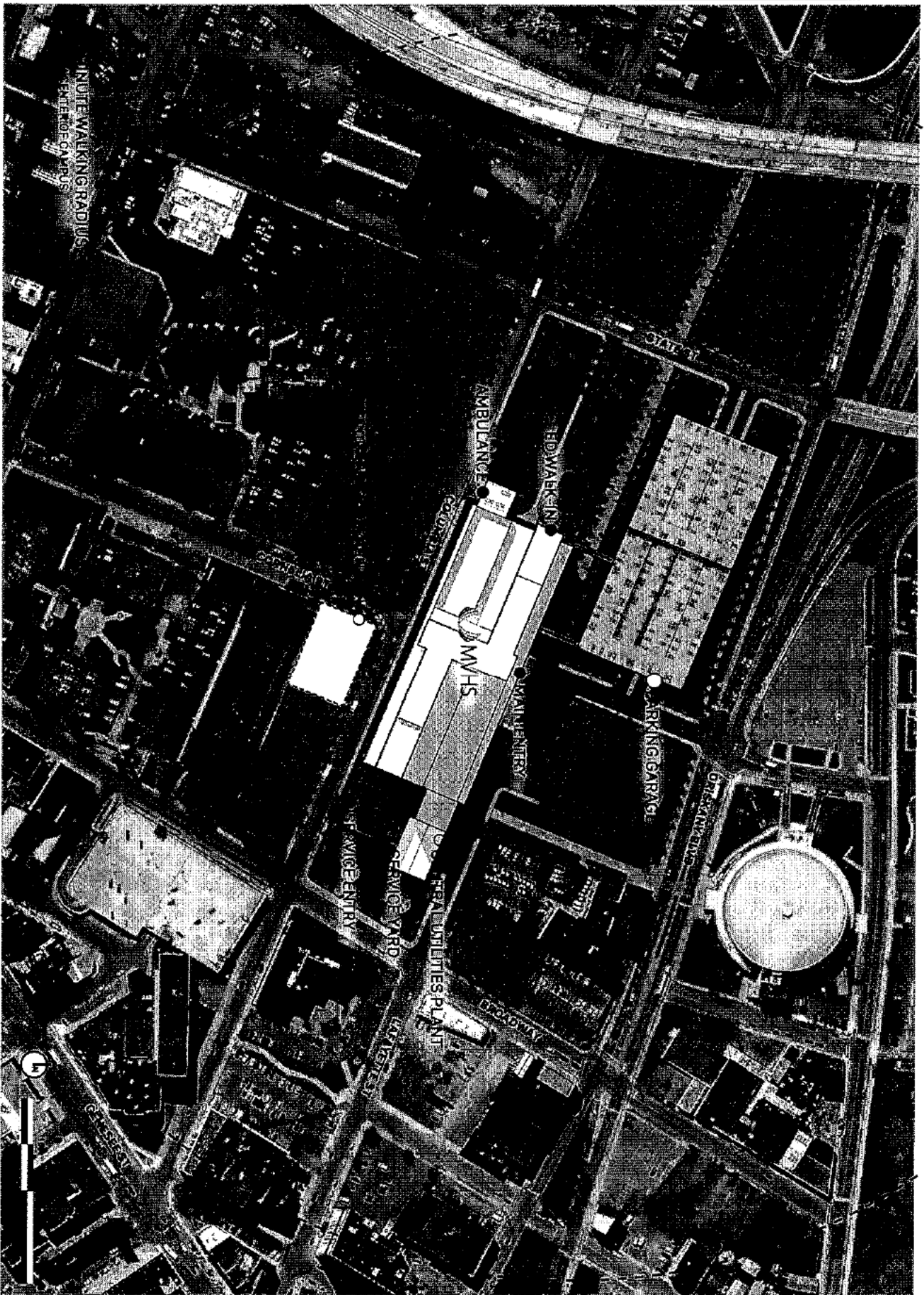


MOHAWK VALLEY HEALTH SYSTEM

COM - SD SUBMITTAL

| NO. | REV. | DESCRIPTION |
|-----|------|-------------------|
| 1 | 0 | ISSUED FOR PERMIT |
| 2 | 1 | REVISIONS |
| 3 | 2 | REVISIONS |
| 4 | 3 | REVISIONS |
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GENERAL REQUIREMENTS NOTES
GCC001



mbj
 22711E BENTLEY BLVD
 SUITE 100
 BENTLEY, CA 94520
 (925) 835-1100
 www.mbj.com



**MONARK VALLEY
 HEALTH SYSTEM**

**CON - SD
 SUBMITTAL
 PRELIMINARY SHEET**

| NO. | DATE | DESCRIPTION |
|-----|----------|-------------|
| 1 | 11/11/11 | PRELIMINARY |
| 2 | 11/11/11 | REVISION |
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| 20 | 11/11/11 | REVISION |

**ARCHITECTURAL
 SITE PLAN**
 AS011

PROJECT NO. 1000000000
 SHEET NO. 1000000000
 DATE: 10/10/00



**KOHLER VALLEY
 HEALTH SYSTEM**

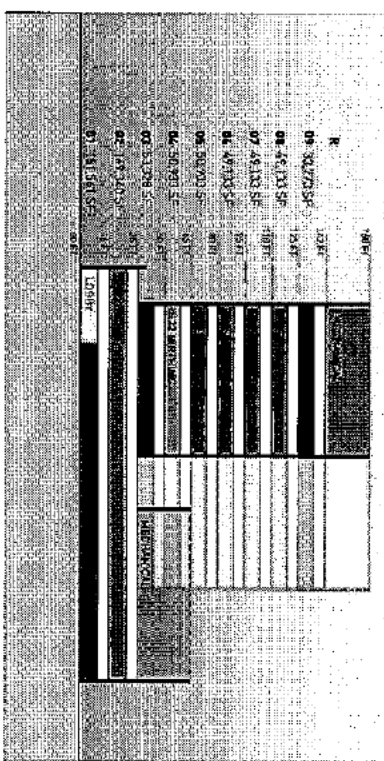
**COM - SD
 SUBMITTAL**

PROJECT NO. 1000000000

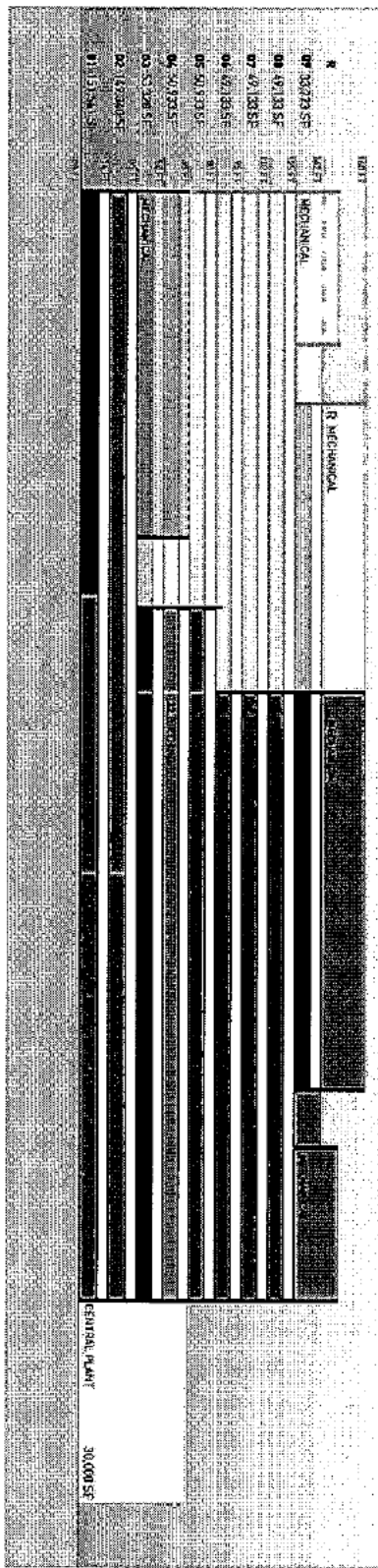
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**STACKING
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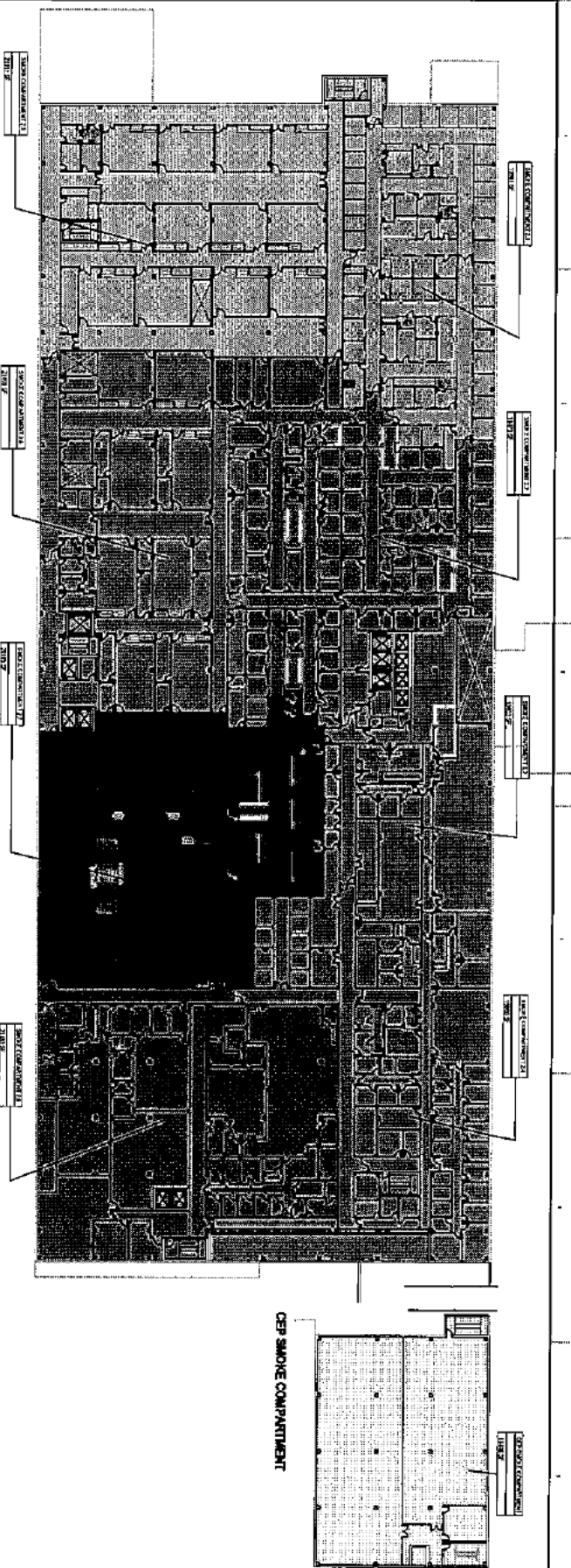
AS102



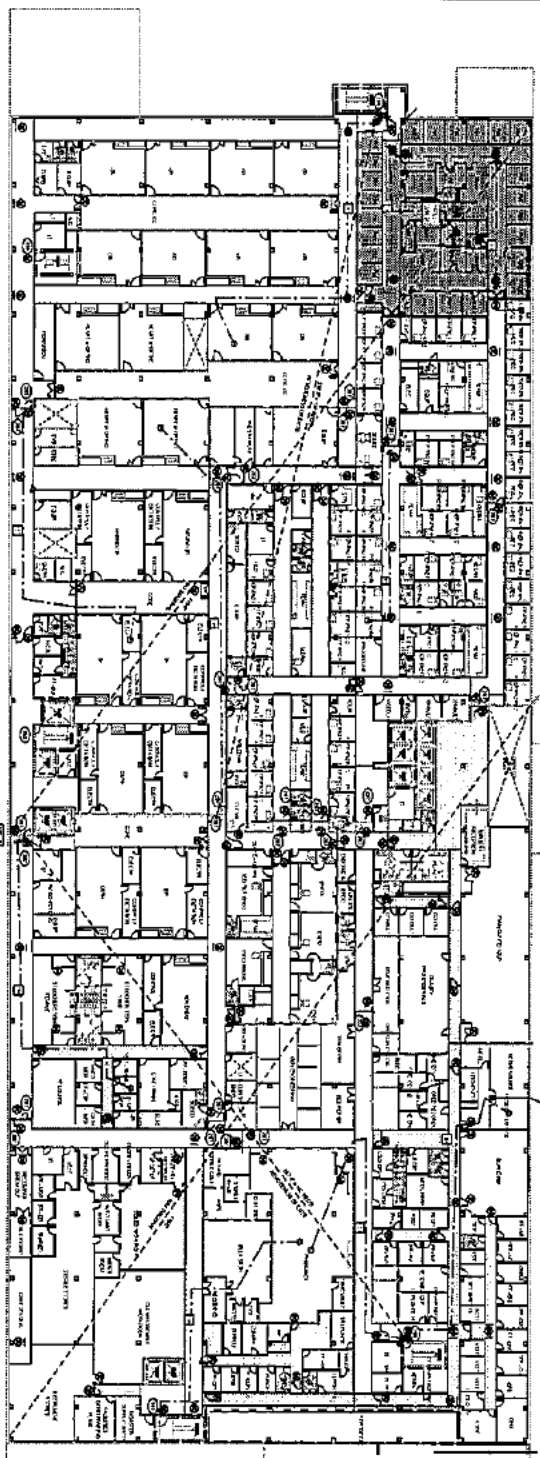
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WEST : EAST SECTION - LOOKING NORTH



2 F2 SMOKE COMPARTMENTS



1 F2 LIFE SAFETY PLAN

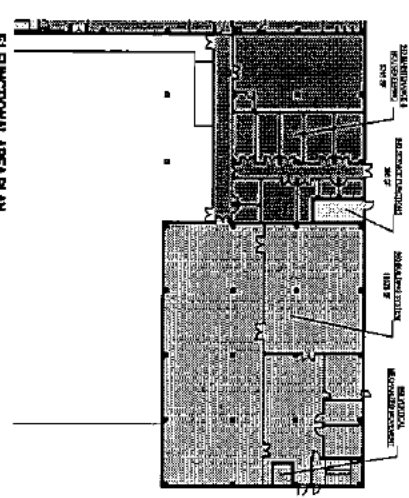
F2 DEP LIFE SAFETY

02P SMOKE COMPARTMENT

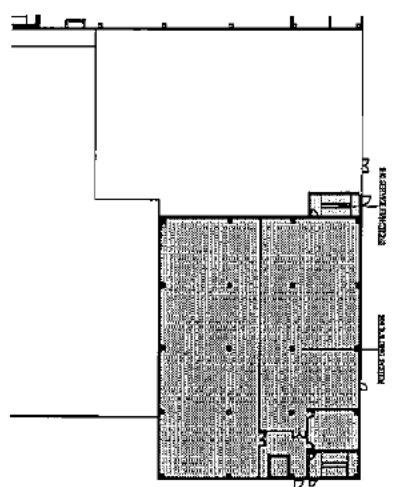
LIFE SAFETY LEGEND

| SYMBOLS | |
|---------|---|
| | FIRE EXTINGUISHER |
| | FIRST AID KIT |
| | FIRE EXTINGUISHER CABINET |
| | FIRE EXTINGUISHER CABINET (FIRE RESISTANT) |
| | FIRE EXTINGUISHER CABINET (NON-FIRE RESISTANT) |
| | FIRE EXTINGUISHER CABINET (FIRE RESISTANT) (NON-FIRE RESISTANT) |
| | FIRE EXTINGUISHER CABINET (NON-FIRE RESISTANT) (FIRE RESISTANT) |
| | FIRE EXTINGUISHER CABINET (NON-FIRE RESISTANT) (NON-FIRE RESISTANT) |
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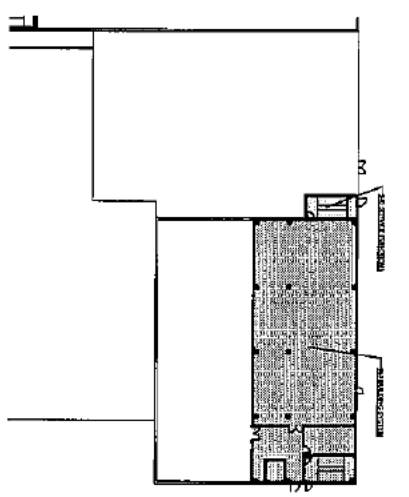
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- 340 SERVICE FUNCTIONS
 - 343 MAINTENANCE & HOUSEKEEPING
 - 340 BUILDING SYSTEM
 - 348 VERTICAL MECHANIZED MOVEMENT



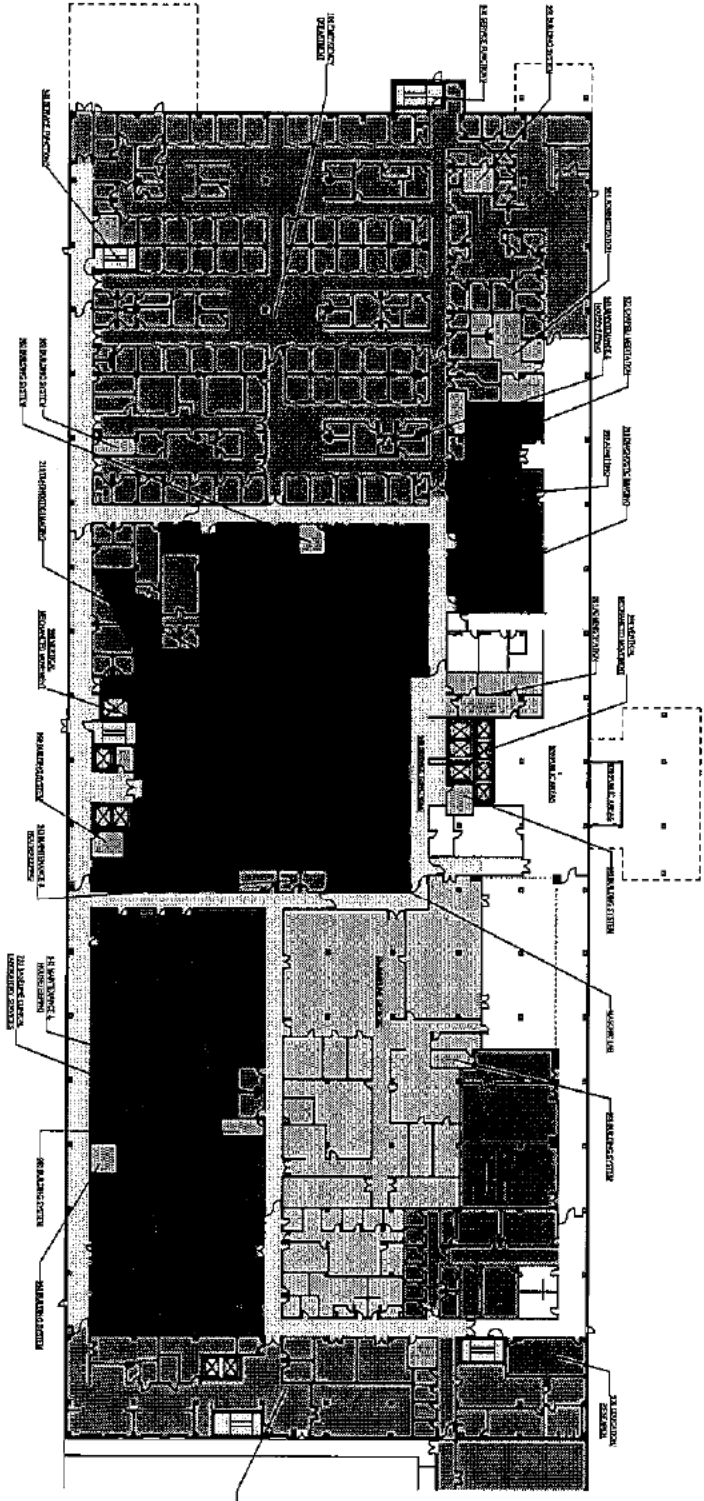
2 F1 FUNCTIONAL AREA PLAN - ANNEX CEP



3 F2 FUNCTIONAL AREA PLAN - CEP



4 F3 FUNCTIONAL AREA PLAN - CEP



1 F1 FUNCTIONAL AREA PLAN

- FUNCTIONAL AREA CODE LEGEND**
- 100 EMERGENCY DEPARTMENT
 - 210 DIAGNOSTIC IMAGING
 - 230 BASELINE CLINICAL LABORATORY SERVICES
 - 234 BASELINE DIETETIC
 - 301 ADMINISTRATION
 - 303 ADMITTING
 - 300 PUBLIC AREAS
 - 322 CHAPEL / EDUCATION
 - 390 EDUCATION / RESEARCH
 - 340 SERVICE FUNCTIONS
 - 343 MAINTENANCE & HOUSEKEEPING
 - 340 BUILDING SYSTEM
 - 348 VERTICAL MECHANIZED MOVEMENT
 - 348 VERTICAL MECHANIZED MOVEMENT
 - 348 VERTICAL MECHANIZED MOVEMENT



MOHAWK VALLEY
 HEALTH SYSTEM

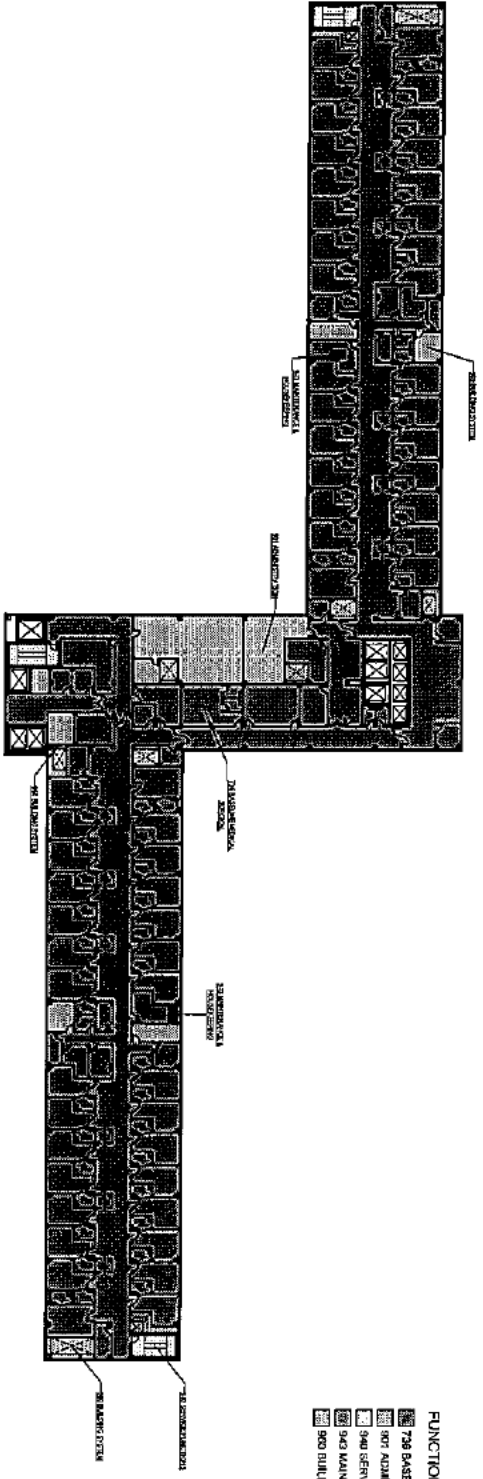
COM - SD
 SUBMITTAL

| NO. | DATE | DESCRIPTION |
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| 2 | 11/11/2011 | ISSUED FOR PERMITTING |
| 3 | 11/11/2011 | ISSUED FOR PERMITTING |
| 4 | 11/11/2011 | ISSUED FOR PERMITTING |
| 5 | 11/11/2011 | ISSUED FOR PERMITTING |
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| 8 | 11/11/2011 | ISSUED FOR PERMITTING |
| 9 | 11/11/2011 | ISSUED FOR PERMITTING |
| 10 | 11/11/2011 | ISSUED FOR PERMITTING |

F.A. #8
 FUNCTIONAL
 AREA PLAN

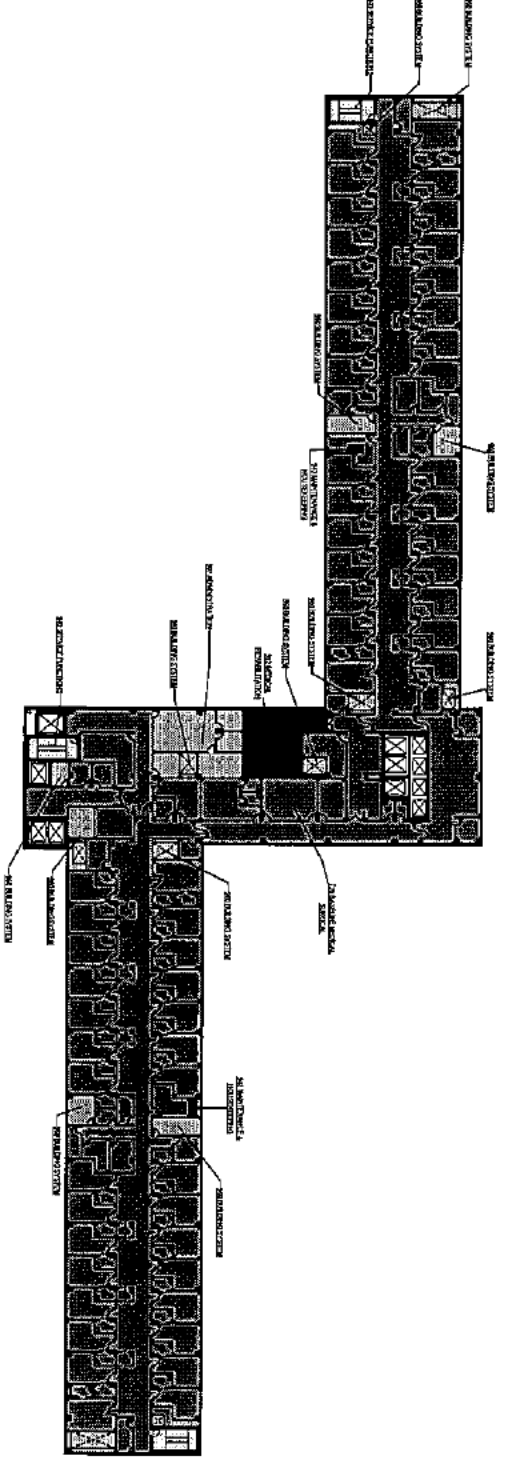
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- FUNCTIONAL AREA CODE LEGEND**
- 798 BASELINE & MEDICAL SURGICAL
 - 901 ADMINISTRATION
 - 940 SERVICE FUNCTIONS
 - 940 MAINTENANCE & HOUSEKEEPING
 - 900 BUILDING SYSTEM



2 FUNCTIONAL AREA PLAN

- FUNCTIONAL AREA CODE LEGEND**
- 302 MEDICAL REHABILITATION
 - 798 BASELINE MEDICAL SURGICAL
 - 901 ADMINISTRATION
 - 940 SERVICE FUNCTIONS
 - 940 MAINTENANCE & HOUSEKEEPING
 - 900 BUILDING SYSTEM



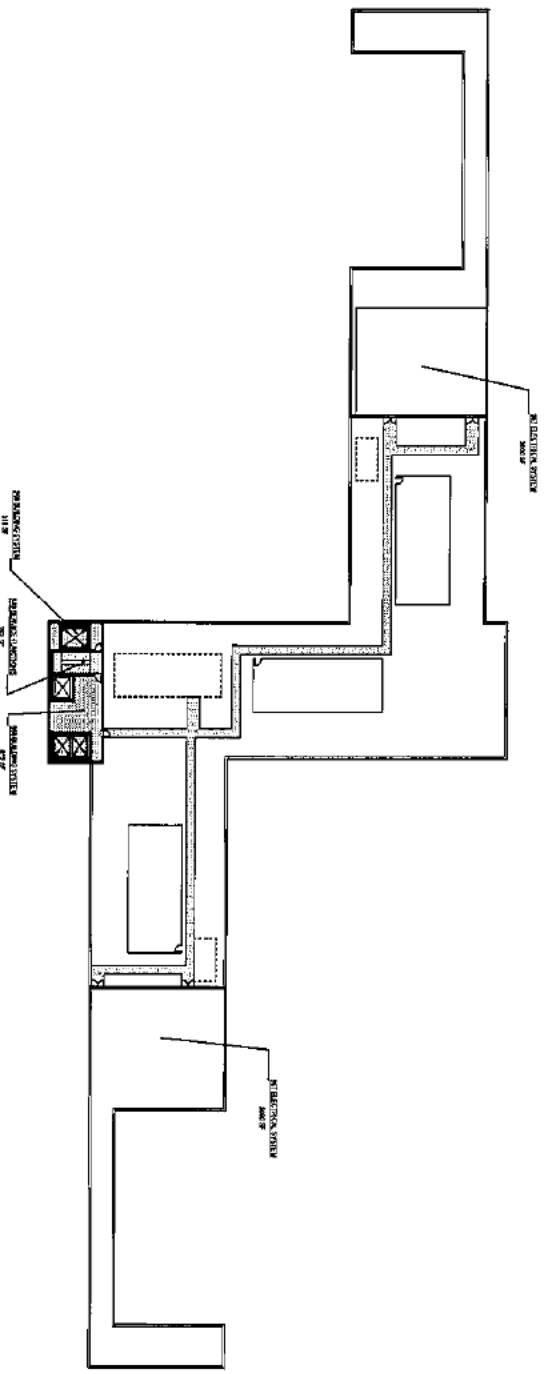
1 FUNCTIONAL AREA PLAN



| NO. | DATE | DESCRIPTION | BY | CHKD. |
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| 2 | 01/15/2020 | ISSUED FOR PERMIT | MBBJ | MBBJ |
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| 10 | 01/15/2020 | ISSUED FOR PERMIT | MBBJ | MBBJ |

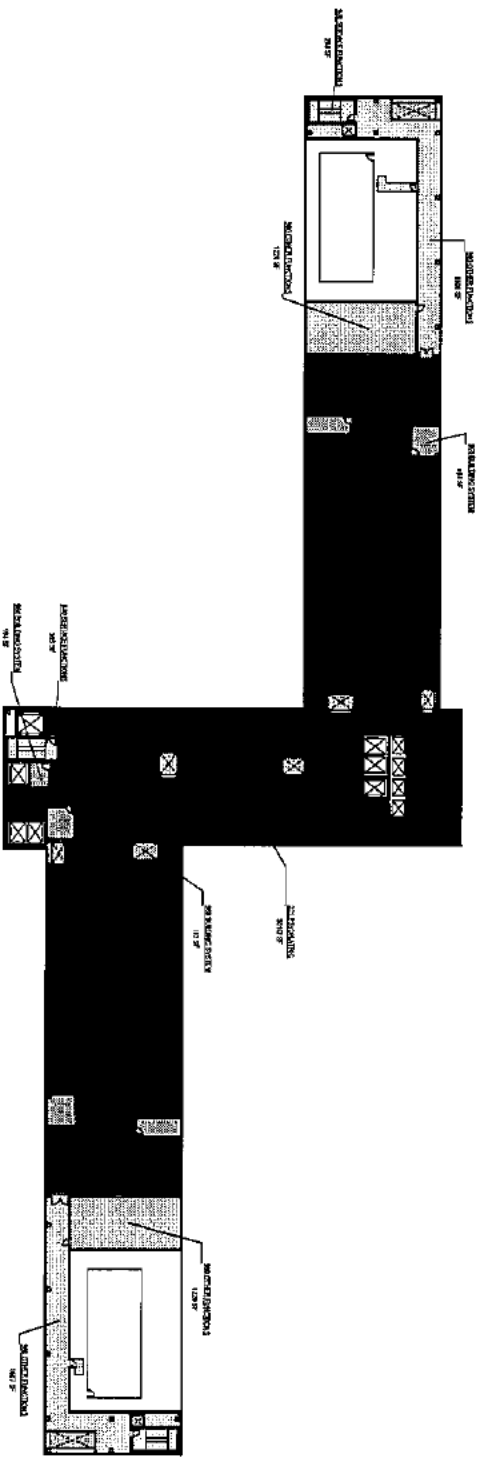
FUNCTIONAL AREA CODE LEGEND

- 990 SERVICE FUNCTIONS
- 990 BUILDING SYSTEM
- 997 ELECTRICAL SYSTEM



FUNCTIONAL AREA CODE LEGEND

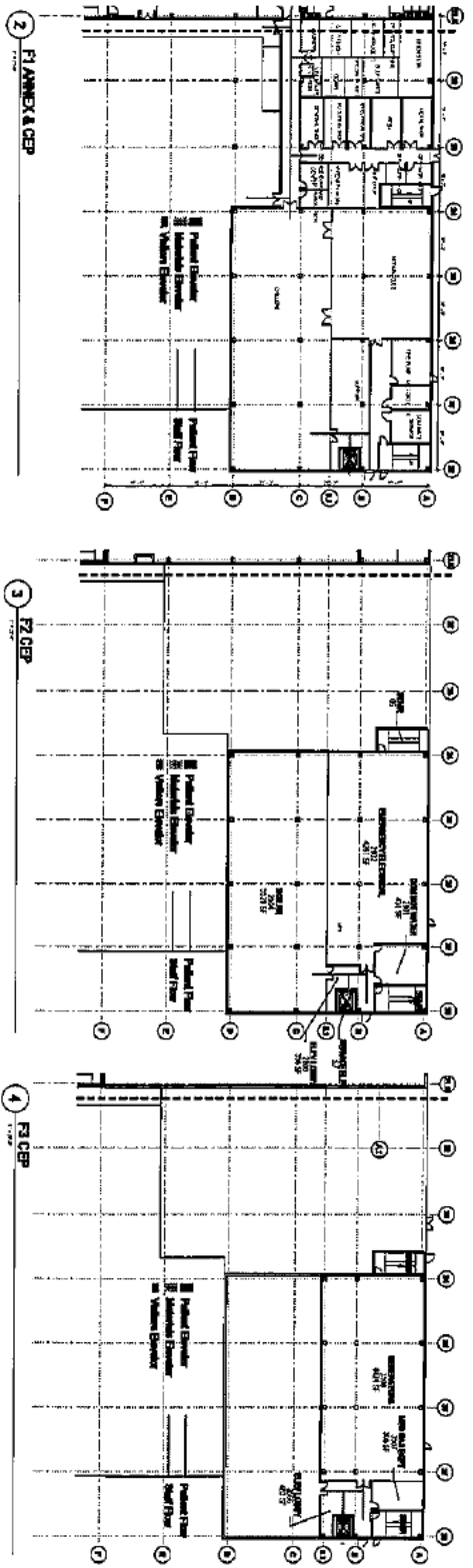
- 223 PSYCHIATRIC
- 940 SERVICE FUNCTIONS
- 960 BUILDING SYSTEM
- 980 OTHER FUNCTIONS



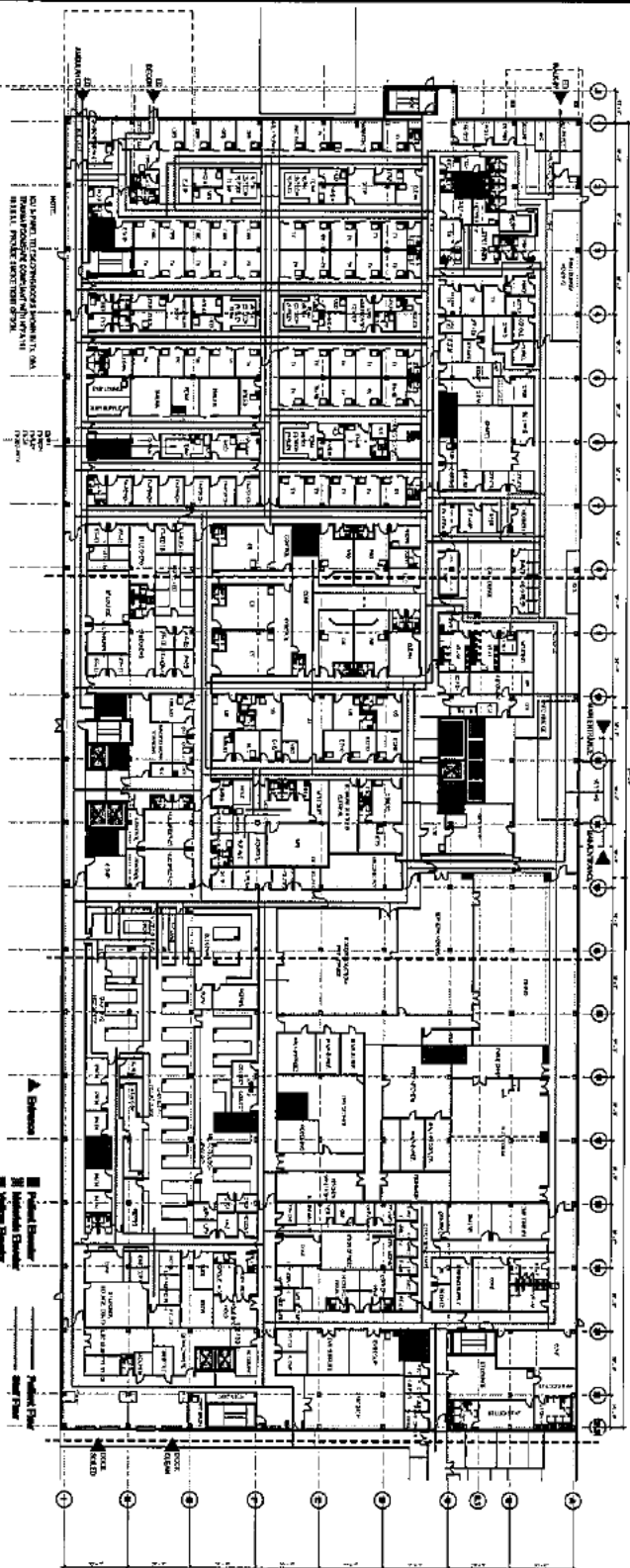
F11 FUNCTIONAL AREA PLAN



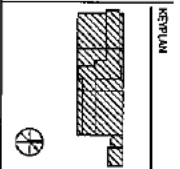
F11 F10 ROOF FUNCTIONAL AREA PLAN
 Q1000



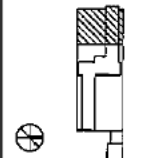
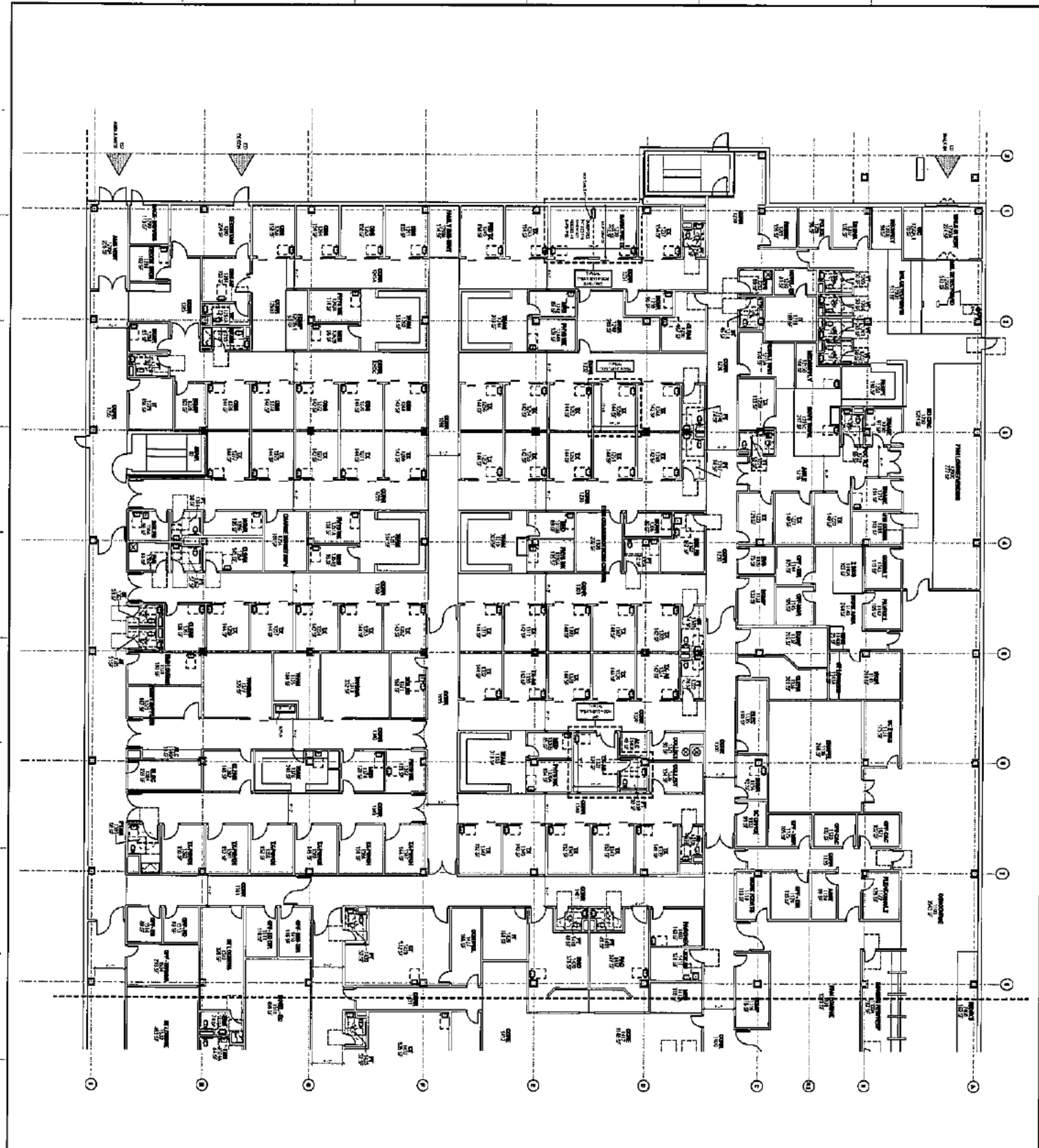
1 F1 FLOOR PLAN



| NO. | DESCRIPTION | QTY | UNIT | REMARKS |
|-----|-----------------|-----|----------|---------|
| 1 | CONCRETE | 100 | YD | ... |
| 2 | STEEL | 50 | TON | ... |
| 3 | BRICK | 200 | THOUSAND | ... |
| 4 | GLASS | 100 | SQ FT | ... |
| 5 | PAINT | 50 | GAL | ... |
| 6 | CEILING | 100 | SQ FT | ... |
| 7 | FLOORING | 100 | SQ FT | ... |
| 8 | MECHANICAL | 100 | HR | ... |
| 9 | ELECTRICAL | 100 | HR | ... |
| 10 | PLUMBING | 100 | HR | ... |
| 11 | LANDSCAPE | 100 | SQ FT | ... |
| 12 | ASBESTOS | 100 | SQ FT | ... |
| 13 | LEAD | 100 | SQ FT | ... |
| 14 | HAZARDOUS WASTE | 100 | YD | ... |
| 15 | DEMOLITION | 100 | YD | ... |
| 16 | FOUNDATION | 100 | YD | ... |
| 17 | FOUNDATION | 100 | YD | ... |
| 18 | FOUNDATION | 100 | YD | ... |
| 19 | FOUNDATION | 100 | YD | ... |
| 20 | FOUNDATION | 100 | YD | ... |
| 21 | FOUNDATION | 100 | YD | ... |
| 22 | FOUNDATION | 100 | YD | ... |
| 23 | FOUNDATION | 100 | YD | ... |
| 24 | FOUNDATION | 100 | YD | ... |
| 25 | FOUNDATION | 100 | YD | ... |
| 26 | FOUNDATION | 100 | YD | ... |
| 27 | FOUNDATION | 100 | YD | ... |
| 28 | FOUNDATION | 100 | YD | ... |
| 29 | FOUNDATION | 100 | YD | ... |
| 30 | FOUNDATION | 100 | YD | ... |
| 31 | FOUNDATION | 100 | YD | ... |
| 32 | FOUNDATION | 100 | YD | ... |
| 33 | FOUNDATION | 100 | YD | ... |
| 34 | FOUNDATION | 100 | YD | ... |
| 35 | FOUNDATION | 100 | YD | ... |
| 36 | FOUNDATION | 100 | YD | ... |
| 37 | FOUNDATION | 100 | YD | ... |
| 38 | FOUNDATION | 100 | YD | ... |
| 39 | FOUNDATION | 100 | YD | ... |
| 40 | FOUNDATION | 100 | YD | ... |
| 41 | FOUNDATION | 100 | YD | ... |
| 42 | FOUNDATION | 100 | YD | ... |
| 43 | FOUNDATION | 100 | YD | ... |
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| 45 | FOUNDATION | 100 | YD | ... |
| 46 | FOUNDATION | 100 | YD | ... |
| 47 | FOUNDATION | 100 | YD | ... |
| 48 | FOUNDATION | 100 | YD | ... |
| 49 | FOUNDATION | 100 | YD | ... |
| 50 | FOUNDATION | 100 | YD | ... |



MOHAWK VALLEY HEALTH SYSTEM
CON - 8D
SUMMITAL
 PROJECT NO. 1000000000
 SHEET NO. 1000000000
 DATE: 10/1/2010
 DRAWN BY: [Name]
 CHECKED BY: [Name]
 APPROVED BY: [Name]
 SCALE: AS SHOWN
 NORTH ARROW
 LEGEND
 OVERALL & C&C FLOOR PLANS
 AE101



SECTION

SECTION
A-101/A

REVISIONS

| NO. | DATE | DESCRIPTION |
|-----|------|-------------|
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CON - SD
SUBMITTAL
REVISION LIST

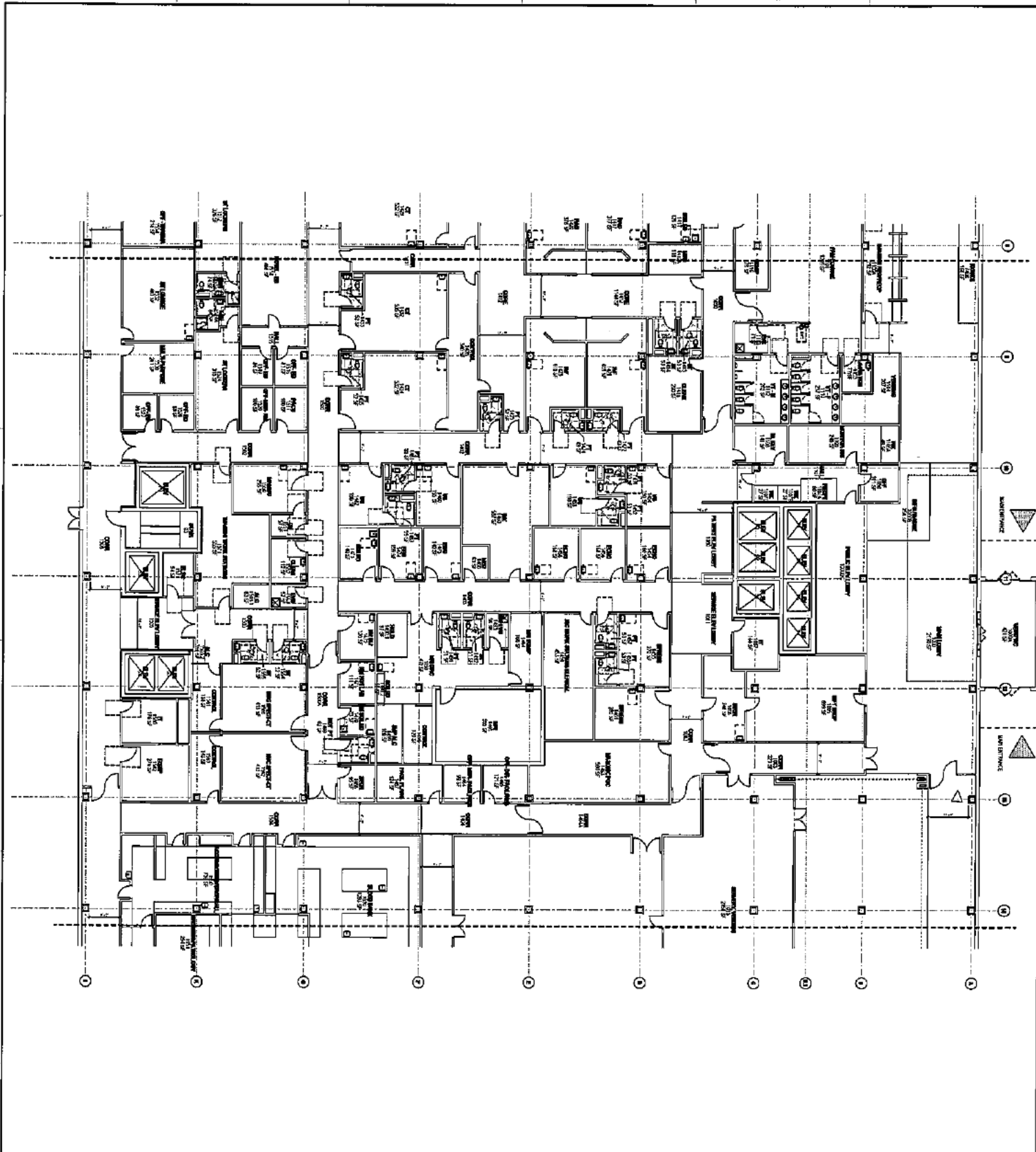
MOHAWK VALLEY
HEALTH SYSTEM



abbey
501 NORTH STREET, ALBANY, NY 12207
TEL: 518 865 1234
WWW.ABBEY.COM

DATE: 10/15/2011
DRAWN BY: J. SMITH
CHECKED BY: M. JONES
PROJECT NO: 12345678

1ST FLOOR PLAN -
AREA A



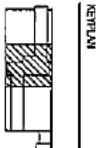
mbbj
 2021 WEST STATE STREET, SUITE 200
 CHICAGO, IL 60610
 TEL: 312.467.1100
 WWW.MBBJ.COM



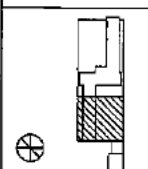
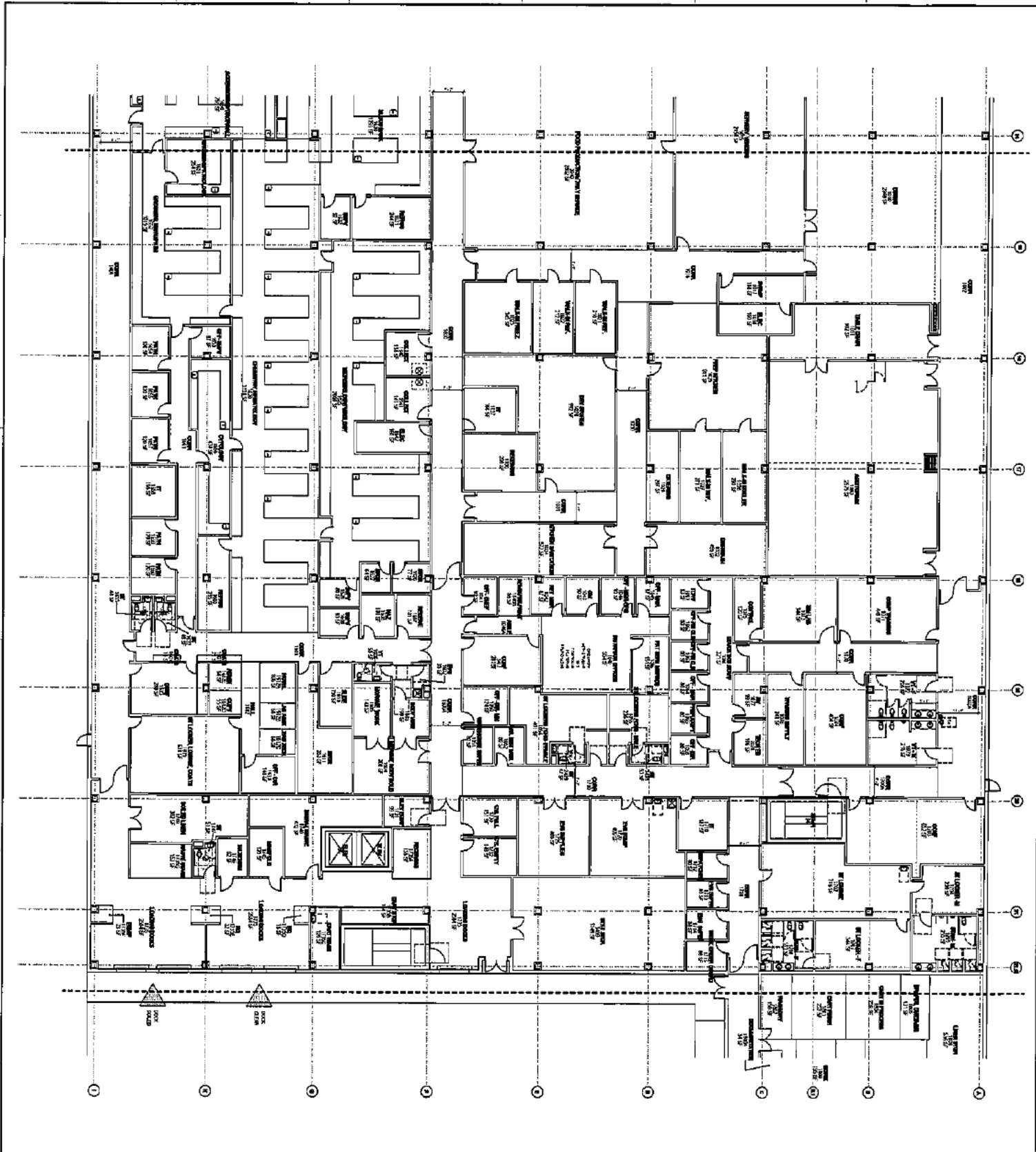
**MOHAWK VALLEY
 HEALTH SYSTEM**

**CON - SD
 SUBMITTAL
 PRELIMINARY PLAN**

| NO. | DATE | DESCRIPTION |
|-----|------------|-------------------|
| 1 | 01/15/2021 | ISSUED FOR PERMIT |
| 2 | 02/10/2021 | REVISIONS |
| 3 | 03/05/2021 | REVISIONS |
| 4 | 04/01/2021 | REVISIONS |
| 5 | 05/01/2021 | REVISIONS |
| 6 | 06/01/2021 | REVISIONS |
| 7 | 07/01/2021 | REVISIONS |
| 8 | 08/01/2021 | REVISIONS |
| 9 | 09/01/2021 | REVISIONS |
| 10 | 10/01/2021 | REVISIONS |
| 11 | 11/01/2021 | REVISIONS |
| 12 | 12/01/2021 | REVISIONS |



**F1 FLOOR PLAN -
 AREAS B**
 A2101-B



SECTION
 SECTION 1.01
 SECTION 1.02
 SECTION 1.03
 SECTION 1.04
 SECTION 1.05
 SECTION 1.06
 SECTION 1.07
 SECTION 1.08
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 SECTION 2.00

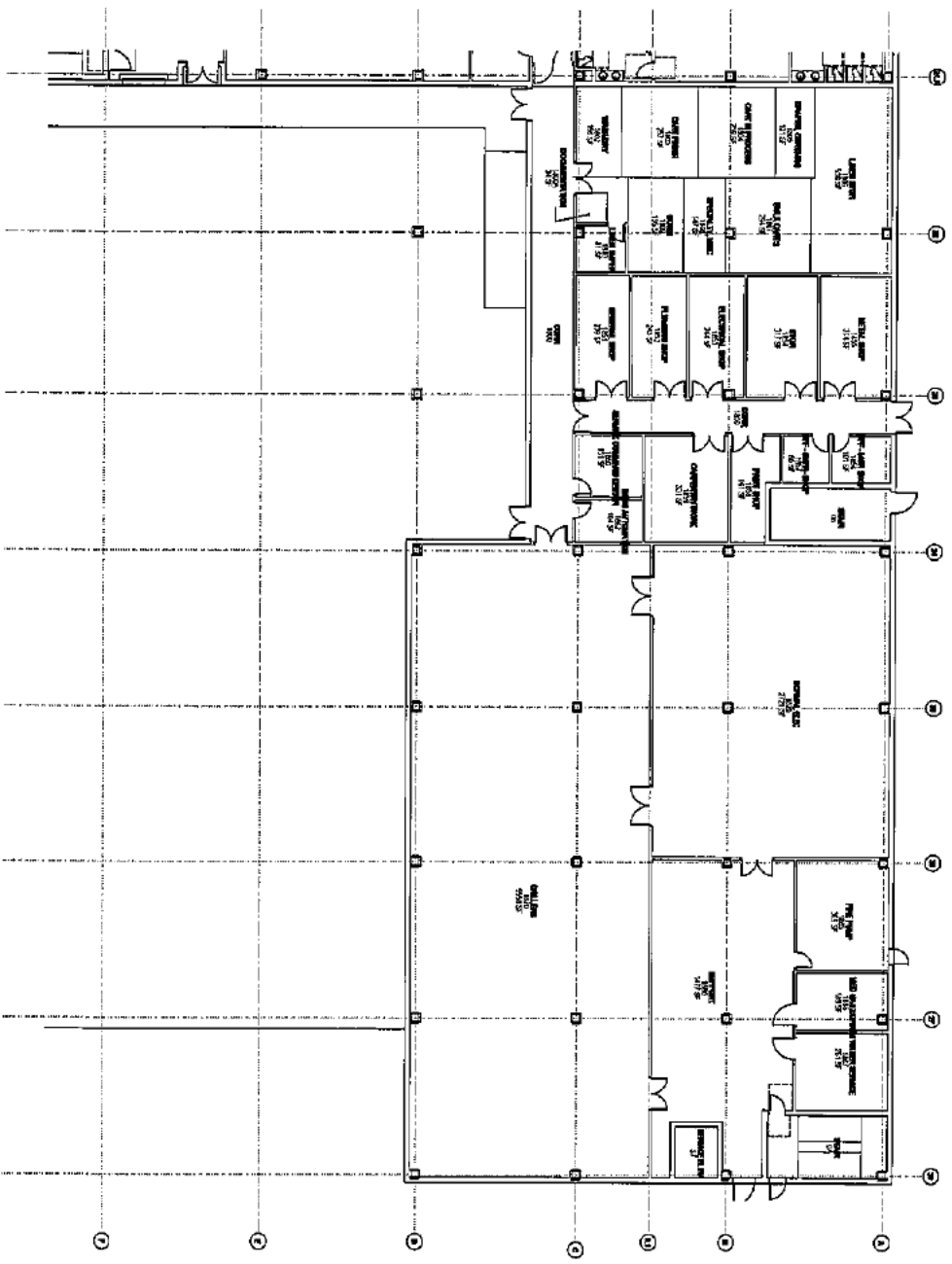
AREA C
 FLOOR PLAN
 AREA C

| NO. | DATE | DESCRIPTION |
|-----|----------|-------------------------|
| 1 | 10/15/10 | ISSUED FOR PERMIT |
| 2 | 11/15/10 | ISSUED FOR CONSTRUCTION |
| 3 | 12/15/10 | ISSUED FOR OCCUPANCY |
| 4 | 01/15/11 | ISSUED FOR AS-BUILT |
| 5 | 02/15/11 | ISSUED FOR FINAL |
| 6 | 03/15/11 | ISSUED FOR ARCHIVE |

MOHAWK VALLEY
 HEALTH SYSTEM
 CON - SD
 SUBMITTAL
 REVISION 1.01



mbbj
 251 S. MAIN STREET, SUITE 100
 CHAMBERSBURG, PA 17003
 (717) 261-1111
 www.mbbj.com



KEY PLAN

F1 FLOOR PLAN - AREAL D

DATE: 02/01/10

PROJECT: AE1014D

| NO. | DATE | DESCRIPTION |
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COM - SD
SUBMITTAL

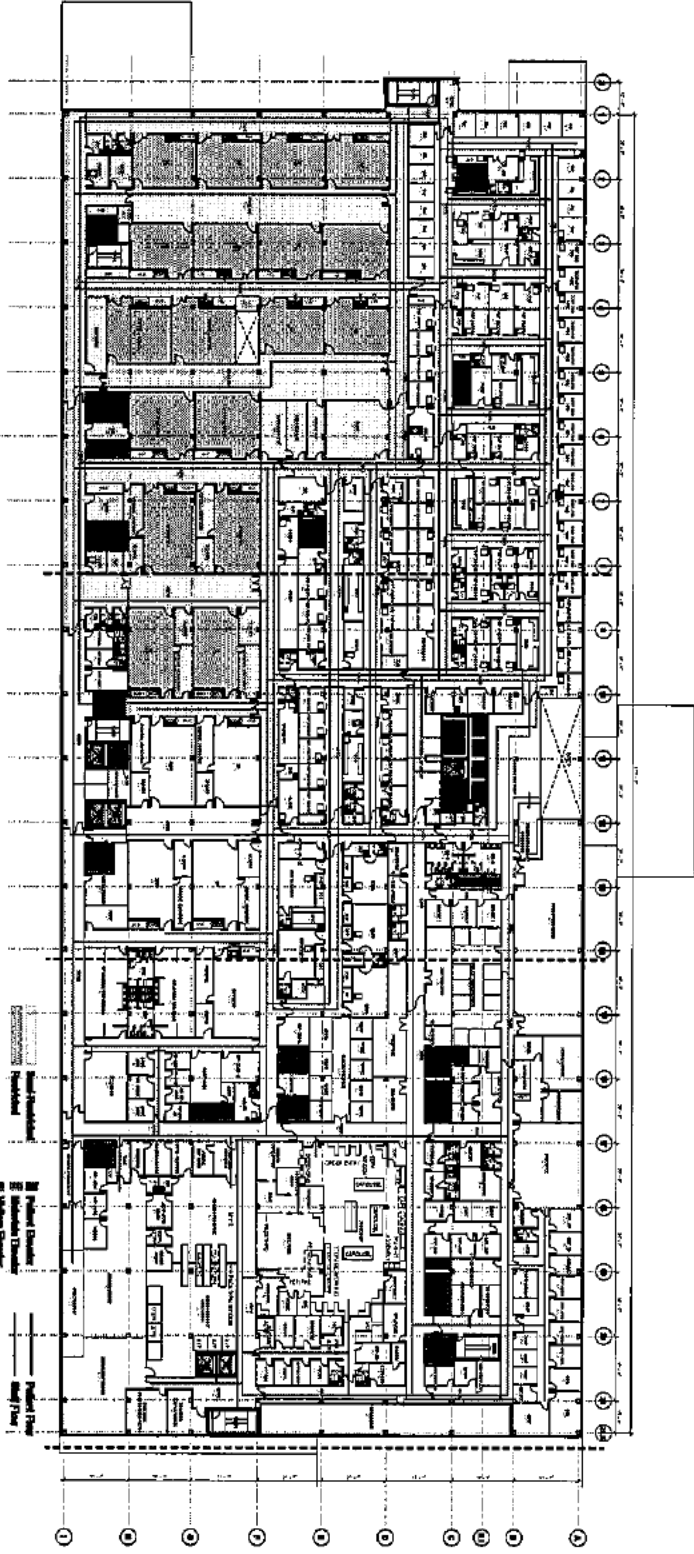
MOHAWK VALLEY
HEALTH SYSTEM

DATE: 02/01/10
PROJECT: AE1014D

nbbj
200 LANSDALE STREET, 10TH FLOOR
ROCKAWAY, NJ 07866
TEL: (973) 980-1800
WWW.NBBJ.COM

DATE: 02/01/10
PROJECT: AE1014D

1 FLOOR PLAN



Patient Elevator
 Ambulance Elevator
 Waiting Elevator
 Patient Room
 Ambulance Room

| | | | |
|-----|-----------------------|----------|--------|
| NO. | DESCRIPTION | DATE | BY |
| 1 | ISSUED FOR PERMITTING | 10/15/10 | AK/102 |
| 2 | ISSUED FOR PERMITTING | 10/15/10 | AK/102 |
| 3 | ISSUED FOR PERMITTING | 10/15/10 | AK/102 |
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MOHAWK VALLEY
 HEALTH SYSTEM
 COM - SD
 SUBMITTAL
 PROJECT NO. 1001

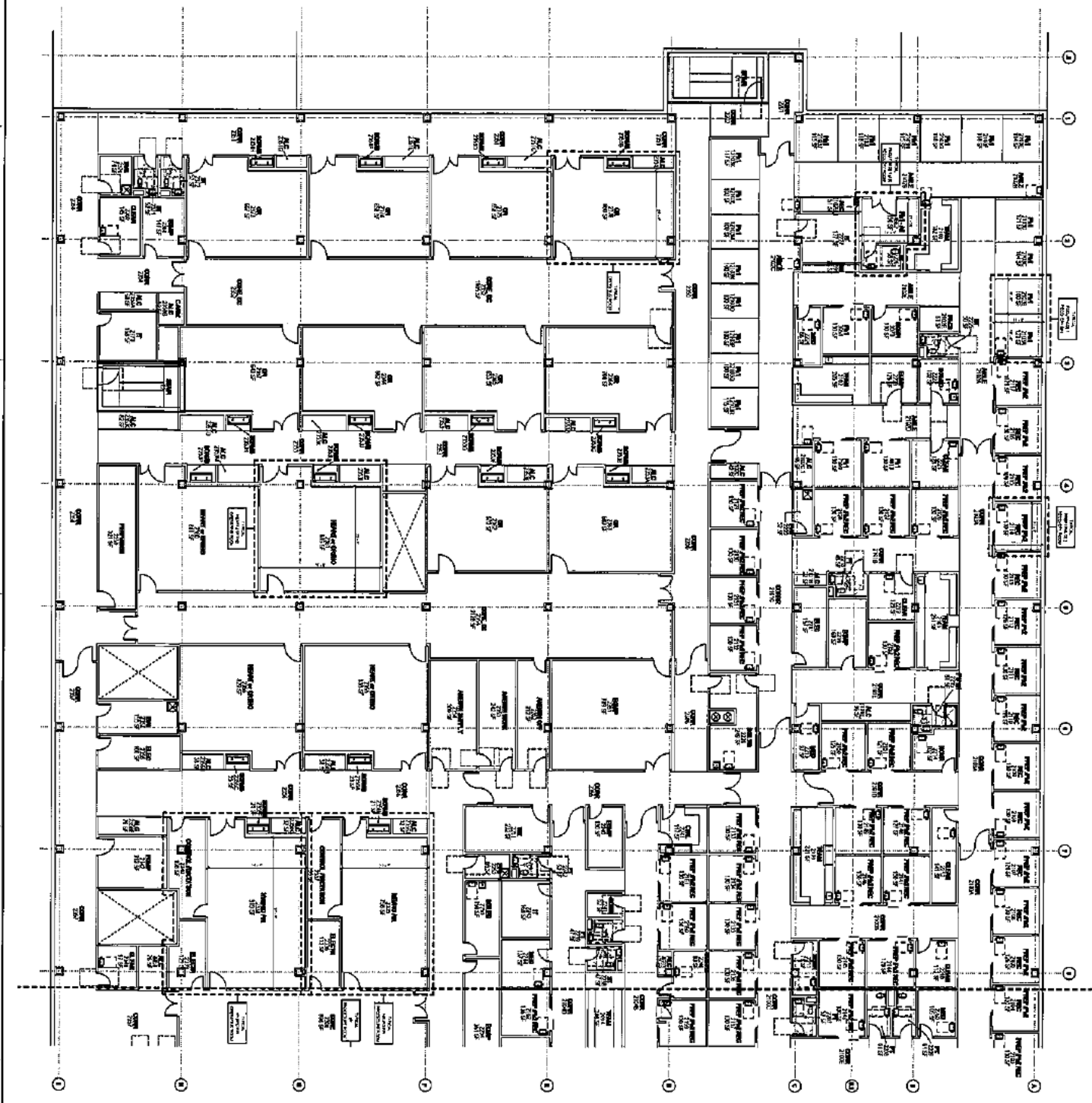


rbby
 201 S. MAIN STREET SUITE 200
 COVINGTON, LA 70038
 PHONE: 504.835.1100
 FAX: 504.835.1101
 WWW.RBBY.COM



KEY PLAN
 F2 OVERALL
 FLOOR PLAN
 DATE: 10/15/10
 DRAWN BY: AK/102

PROJECT NO. 1001
 SHEET NO. 101



nbbj
 350 N. MILITARY AVE. SUITE 200
 CHICAGO, IL 60610
 TEL: (312) 726-4000
 WWW.NBBJ.COM

MoHawk Valley Health System
 1001 N. DEERFIELD AVENUE
 ELMIRA, NY 14801
 TEL: (518) 751-7000
 WWW.MVHHS.ORG



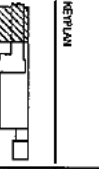
**MOHAWK VALLEY
 HEALTH SYSTEM**

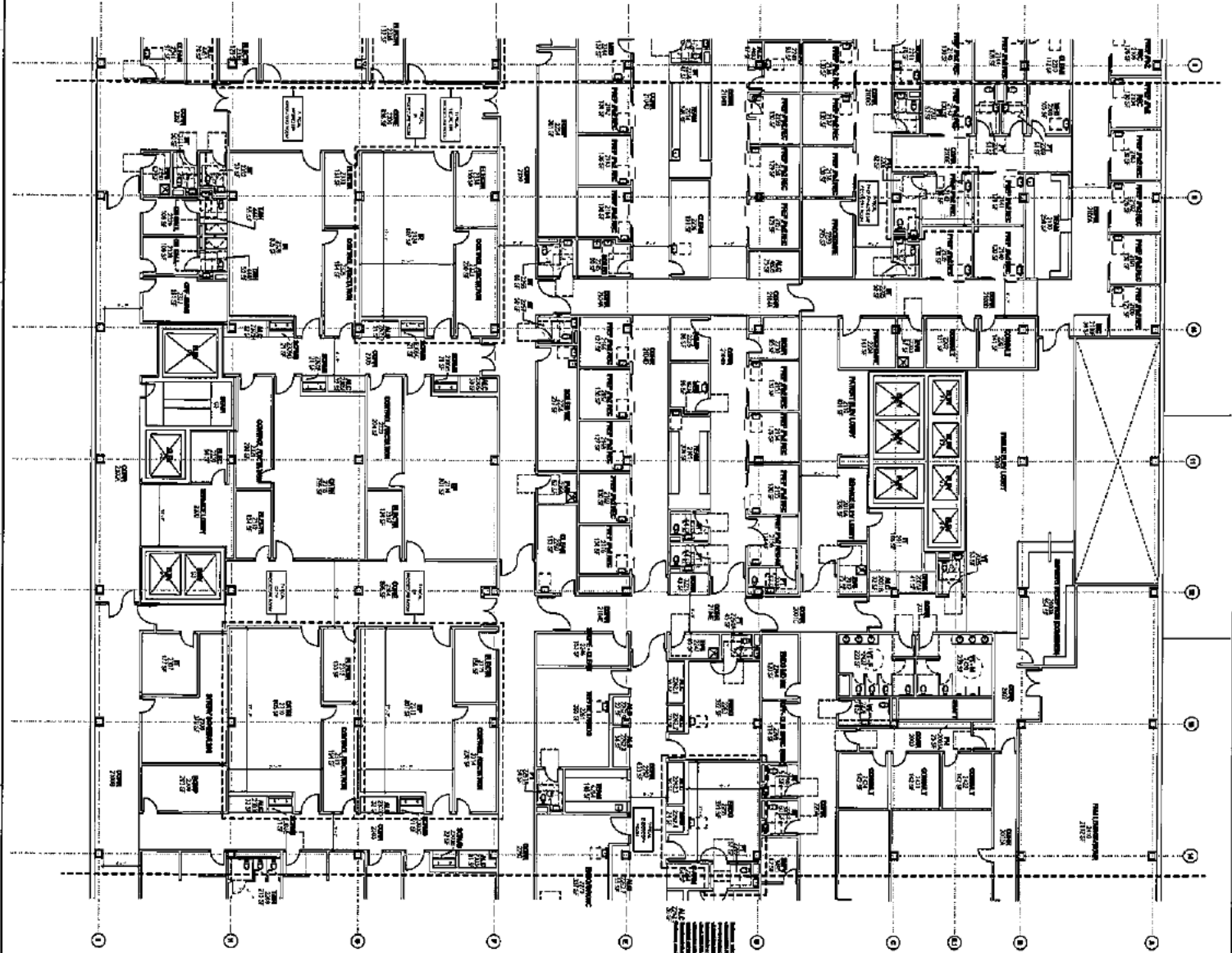
**COM - SD
 SUBMITTAL
 PERMITTED DATE**

| NO. | DESCRIPTION | DATE | BY |
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**P2 FLOOR PLAN -
 AREA A**

REVISED
REVISED
REVISED





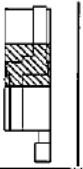
1. ALL ROOMS SHALL BE FINISHED TO THE FINISHES SHOWN ON THE FINISH SCHEDULE.
 2. ALL WALLS SHALL BE FINISHED TO THE FINISHES SHOWN ON THE FINISH SCHEDULE.
 3. ALL FLOORS SHALL BE FINISHED TO THE FINISHES SHOWN ON THE FINISH SCHEDULE.
 4. ALL CEILING SHALL BE FINISHED TO THE FINISHES SHOWN ON THE FINISH SCHEDULE.
 5. ALL DOORS SHALL BE FINISHED TO THE FINISHES SHOWN ON THE FINISH SCHEDULE.
 6. ALL WINDOWS SHALL BE FINISHED TO THE FINISHES SHOWN ON THE FINISH SCHEDULE.
 7. ALL STAIRS SHALL BE FINISHED TO THE FINISHES SHOWN ON THE FINISH SCHEDULE.
 8. ALL ELEVATORS SHALL BE FINISHED TO THE FINISHES SHOWN ON THE FINISH SCHEDULE.
 9. ALL MECHANICAL ROOMS SHALL BE FINISHED TO THE FINISHES SHOWN ON THE FINISH SCHEDULE.
 10. ALL ELECTRICAL ROOMS SHALL BE FINISHED TO THE FINISHES SHOWN ON THE FINISH SCHEDULE.

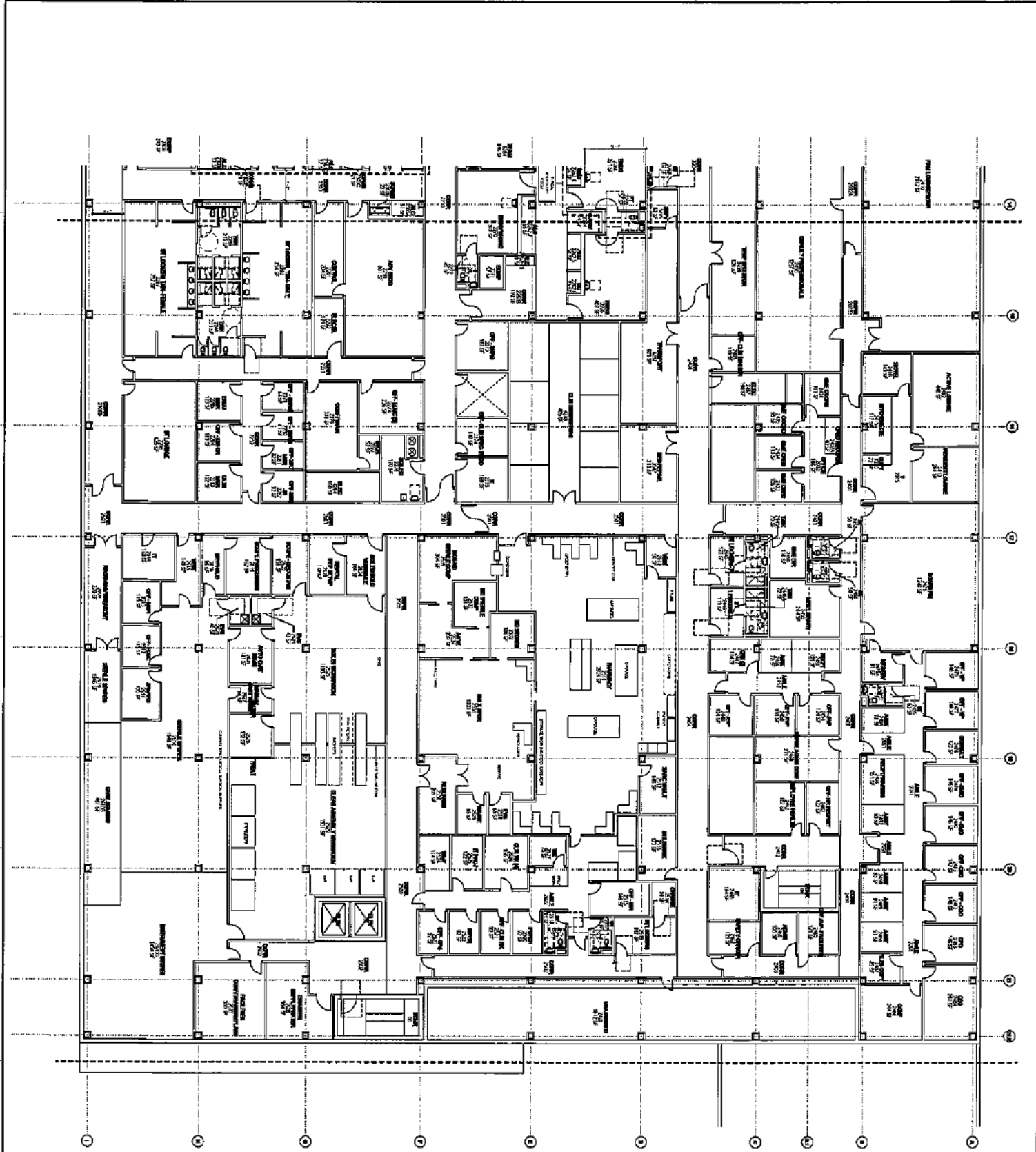


**MOLANK VALLEY
 HEALTH SYSTEM**

**CON - SD
 SUBMITTAL
 CONSULTANT**

| NO. | REVISION | DATE |
|-----|-------------------|----------|
| 1 | ISSUED FOR PERMIT | 08/15/11 |
| 2 | ISSUED FOR PERMIT | 08/15/11 |
| 3 | ISSUED FOR PERMIT | 08/15/11 |
| 4 | ISSUED FOR PERMIT | 08/15/11 |
| 5 | ISSUED FOR PERMIT | 08/15/11 |
| 6 | ISSUED FOR PERMIT | 08/15/11 |
| 7 | ISSUED FOR PERMIT | 08/15/11 |
| 8 | ISSUED FOR PERMIT | 08/15/11 |
| 9 | ISSUED FOR PERMIT | 08/15/11 |
| 10 | ISSUED FOR PERMIT | 08/15/11 |





mbbj
 2535 W. CHERRY STREET
 MOBILE, ALABAMA 36688
 (205) 833-1100

DATE: _____
 DRAWN BY: _____
 CHECKED BY: _____
 APPROVED BY: _____



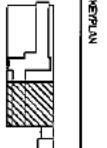
**MOHAWK VALLEY
 HEALTH SYSTEM**

**CON - 80
 SUBMITTAL**

| NO. | DATE | REVISION |
|-----|------|----------|
| | | |
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| | | |
| | | |

**F2 FLOOR PLAN -
 AREA C**

DATE: _____
 DRAWN BY: _____
 CHECKED BY: _____
 APPROVED BY: _____



VERTICAL



**MOHAWK VALLEY
HEALTH SYSTEM**

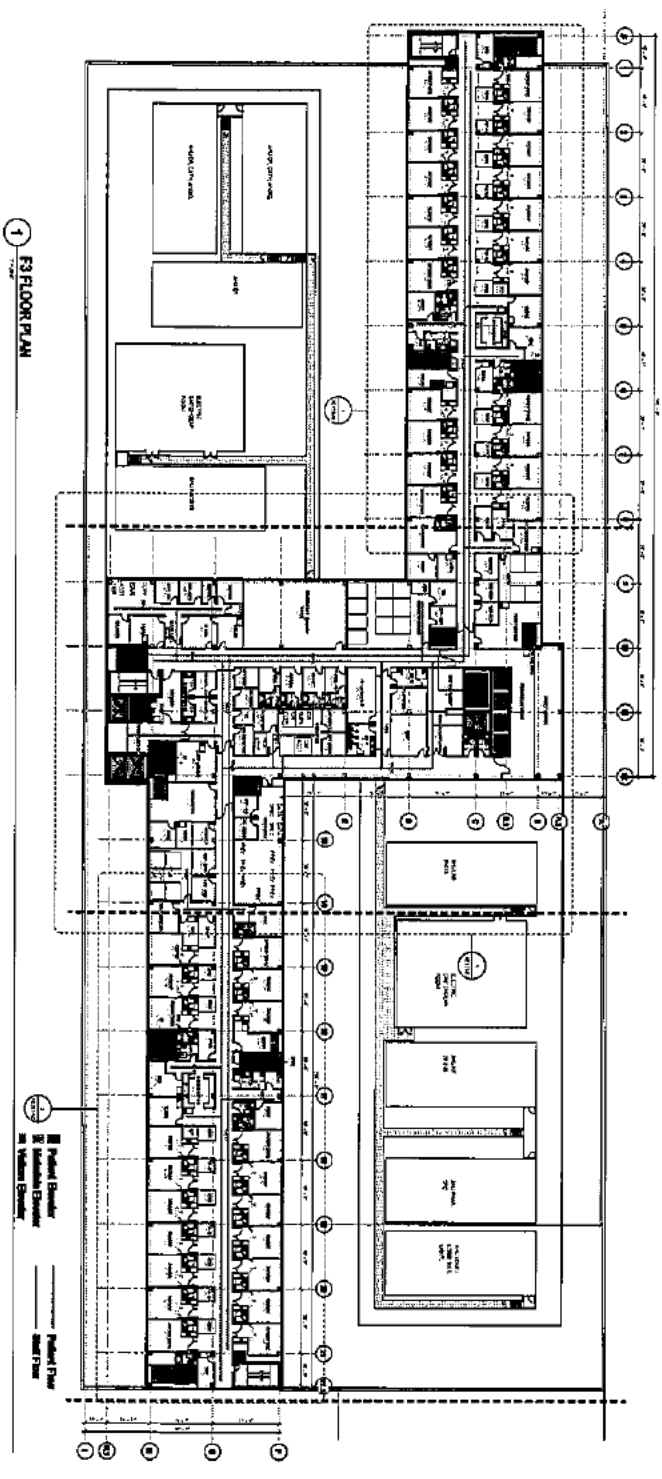
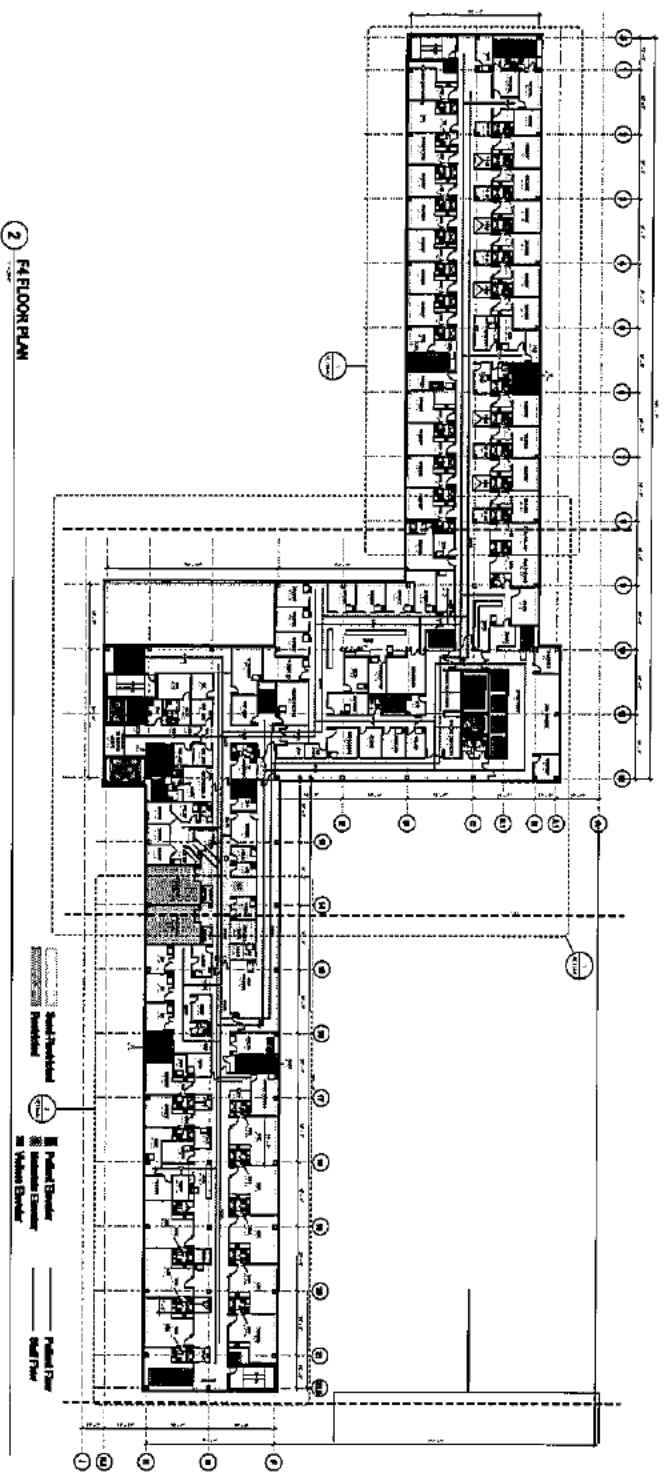
**COM - SD
SUBMITTAL**

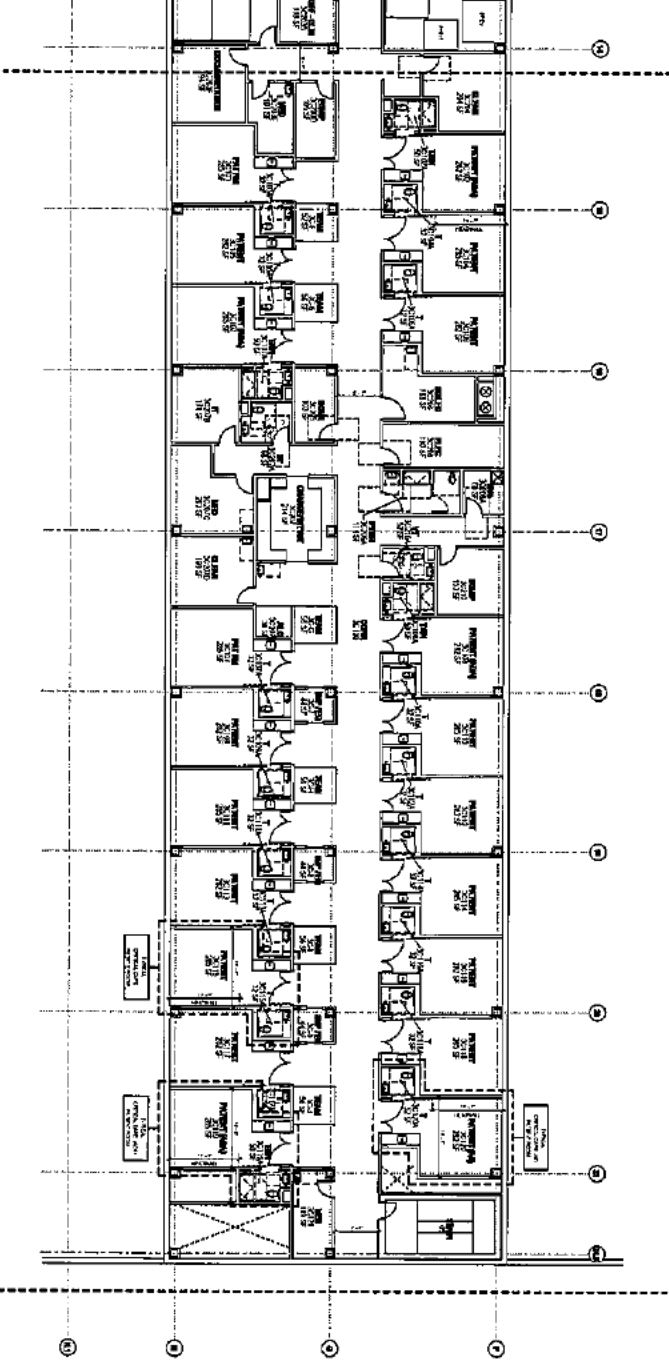
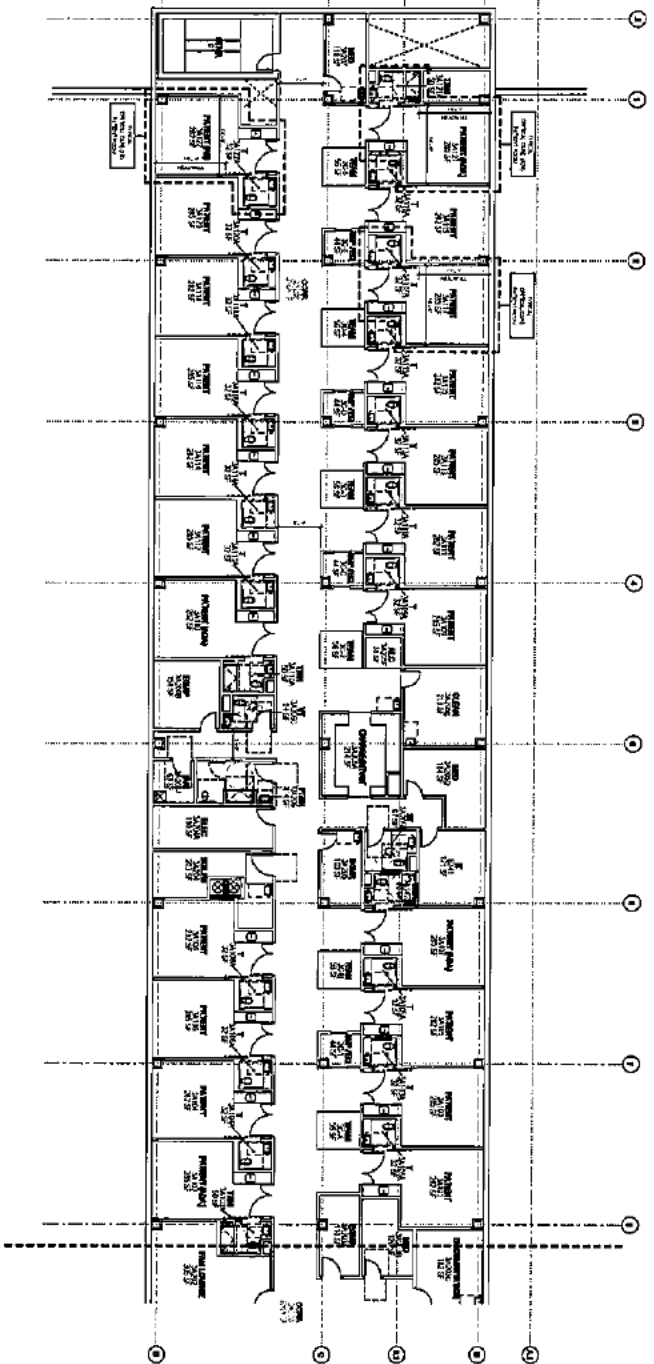
**FL/F4 OVERALL
FLOOR PLANS**

AE103

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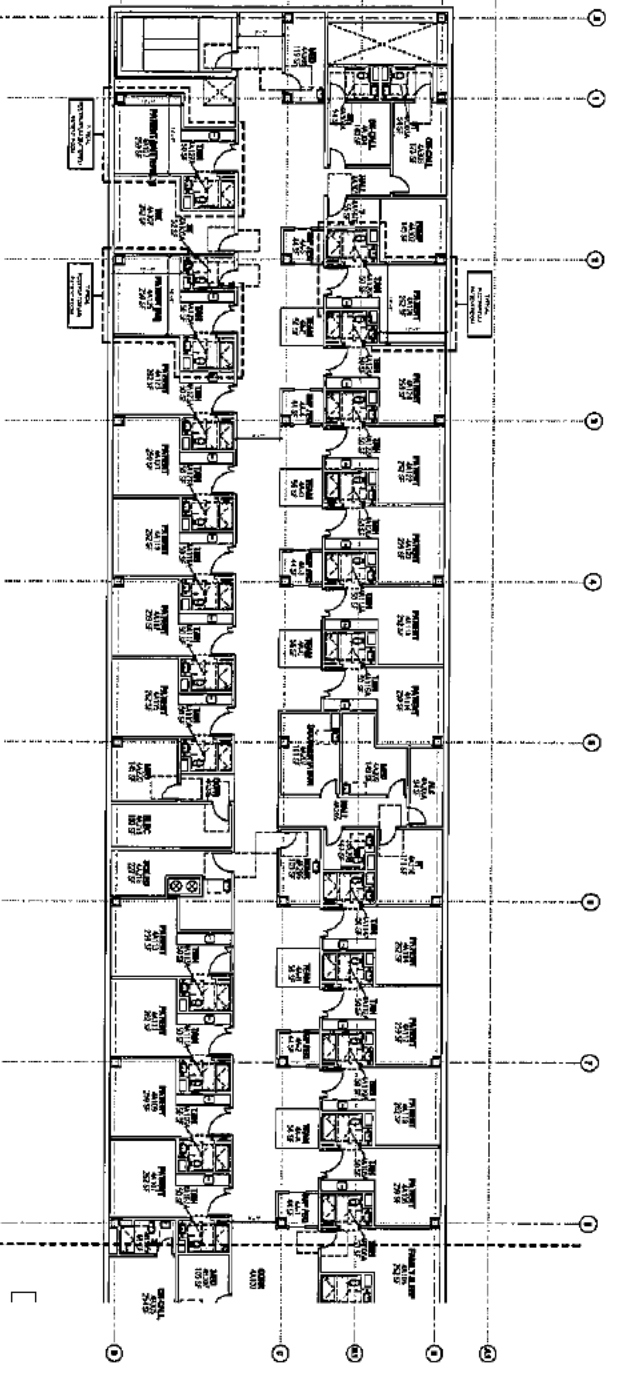
MOHAWK VALLEY HEALTH SYSTEM

CON - SD
SUBMITTAL

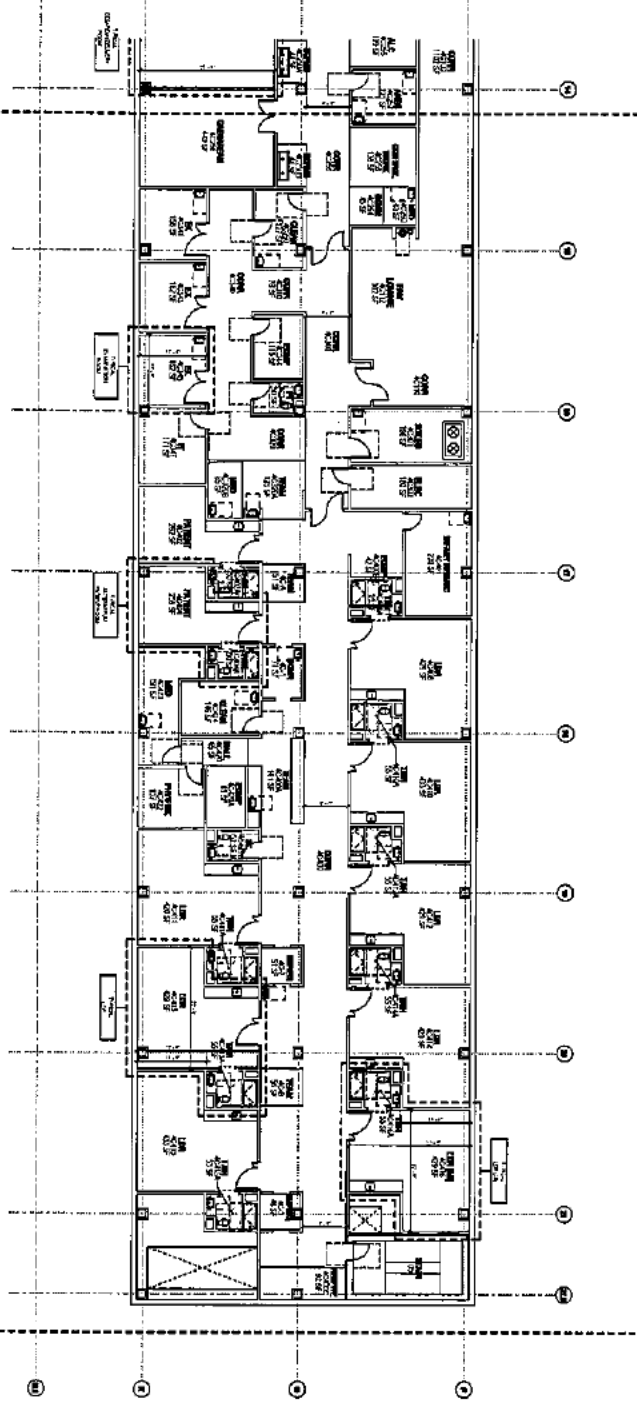
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F3 FLOOR PLAN - AREA A,C

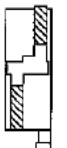
AE103-A/C



1 F4-AREA A



2 F4-AREA C



DETAIL

F4 FLOOR PLAN - AREA A & C

| NO. | DATE | REVISIONS |
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| 2 | | ISSUED FOR CONSTRUCTION |
| 3 | | ISSUED FOR AS-BUILT |

MOYHAWK VALLEY HEALTH SYSTEM

CON - SD

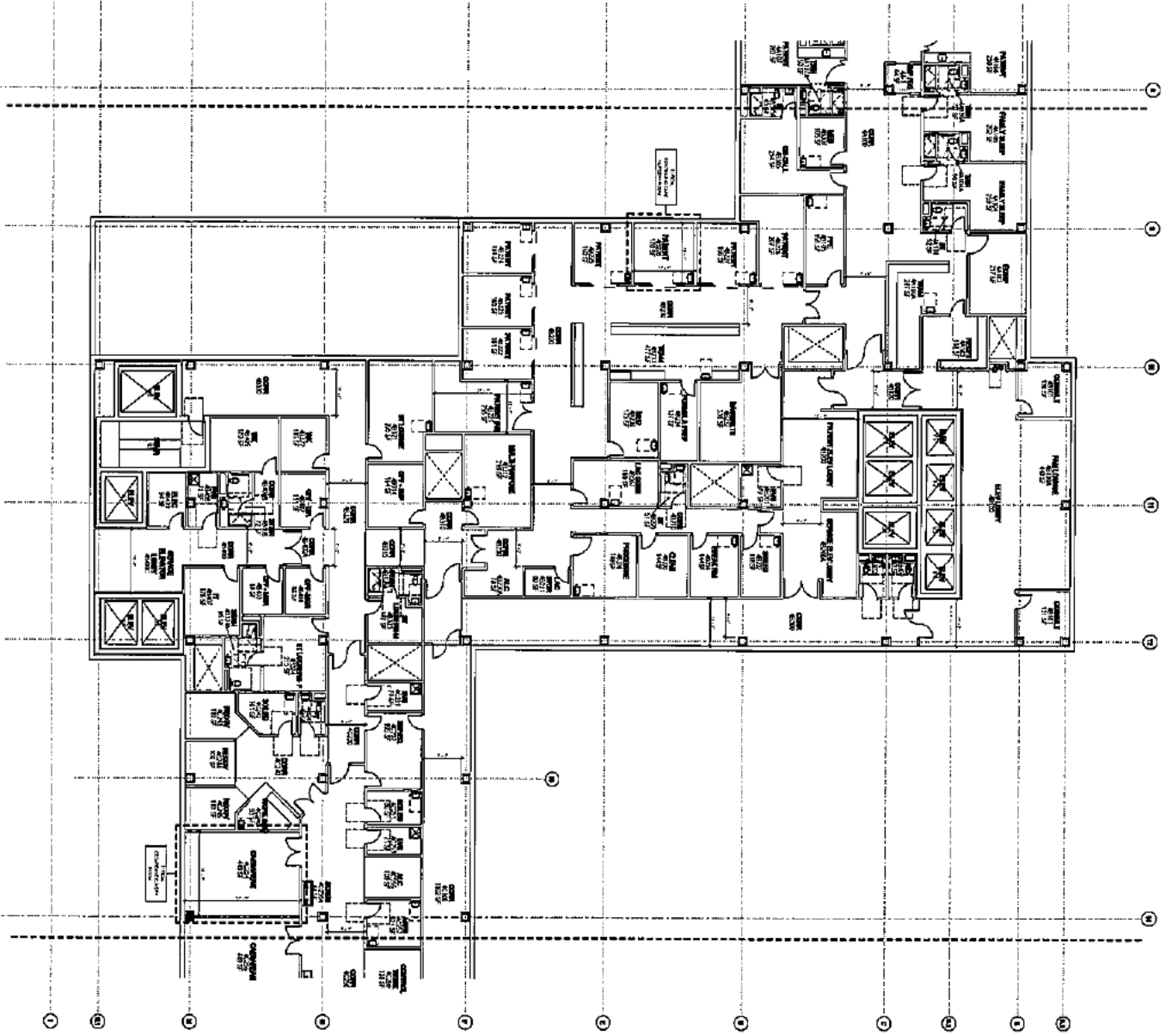
SUBMITTAL



ARCHITECT

AEIMAC

mbbj
 ARCHITECTS
 100 SOUTH STATE STREET
 CHARLOTTE, NC 28202
 704.375.1234



1 F4-AREA B



REPLAN

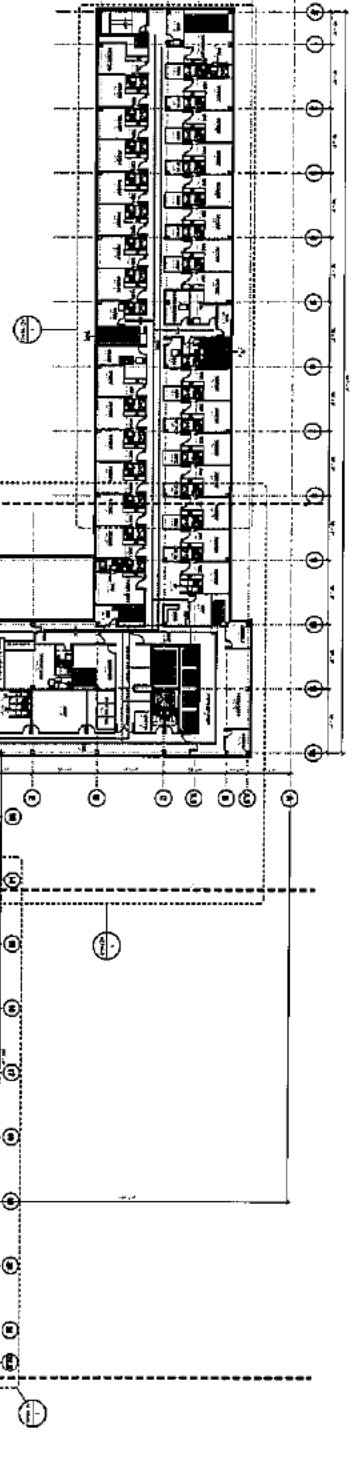
F4 FLOOR PLAN - AREA B

AE104B

MOHAWK VALLEY HEALTH SYSTEM
 CON - SO
 SUBMITTAL
 REVISION 1, 2017



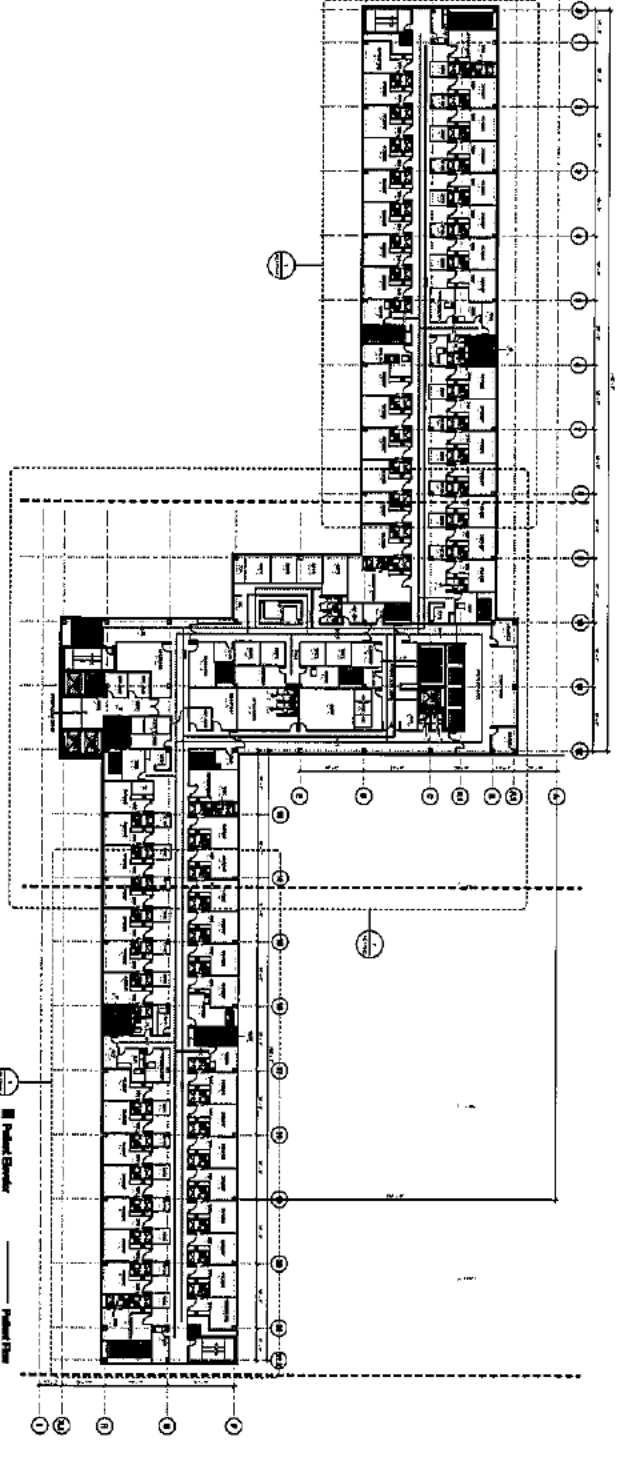
nbbj
 25 LAMAR STREET, SUITE 300
 NEWARK, OHIO 43102
 www.nbbj.com



2 2ND FLOOR PLAN

■ Patient Elevator
 ■ Ambulance Elevator
 ■ Visitors Elevator
 — Patient Flow
 — Staff Flow

| GENERAL NOTES | |
|---------------|--|
| 1. | SEE ARCHITECTURAL SPECIFICATIONS FOR ALL MATERIALS AND FINISHES. |
| 2. | ALL WORK SHALL BE IN ACCORDANCE WITH THE 2015 INTERNATIONAL BUILDING CODES. |
| 3. | VERIFY ALL EXISTING CONDITIONS PRIOR TO CONSTRUCTION. |
| 4. | PROTECT ALL EXISTING UTILITIES AND STRUCTURAL ELEMENTS. |
| 5. | INSTALL ALL NEW WORK IN ACCORDANCE WITH THE LATEST EDITIONS OF ALL APPLICABLE CODES. |
| 6. | MAINTAIN CLEAR ACCESS TO ALL EXITS AND ELEVATORS. |
| 7. | PROVIDE ADEQUATE LIGHTING AND VENTILATION FOR ALL AREAS. |
| 8. | INSTALL ALL NEW WORK WITH A MINIMUM 1/2" CLEARANCE FROM WALLS AND CEILING. |
| 9. | PROTECT ALL EXISTING WORK AND ADJACENT AREAS DURING CONSTRUCTION. |
| 10. | VERIFY ALL DIMENSIONS AND LOCATIONS PRIOR TO CONSTRUCTION. |
| 11. | PROVIDE ADEQUATE PROTECTION FOR ALL EXISTING WORK. |
| 12. | INSTALL ALL NEW WORK WITH A MINIMUM 1/2" CLEARANCE FROM WALLS AND CEILING. |
| 13. | PROTECT ALL EXISTING WORK AND ADJACENT AREAS DURING CONSTRUCTION. |
| 14. | VERIFY ALL DIMENSIONS AND LOCATIONS PRIOR TO CONSTRUCTION. |
| 15. | PROVIDE ADEQUATE PROTECTION FOR ALL EXISTING WORK. |



1 1ST FLOOR PLAN

■ Patient Elevator
 ■ Ambulance Elevator
 ■ Visitors Elevator
 — Patient Flow
 — Staff Flow

| GENERAL NOTES | |
|---------------|--|
| 1. | SEE ARCHITECTURAL SPECIFICATIONS FOR ALL MATERIALS AND FINISHES. |
| 2. | ALL WORK SHALL BE IN ACCORDANCE WITH THE 2015 INTERNATIONAL BUILDING CODES. |
| 3. | VERIFY ALL EXISTING CONDITIONS PRIOR TO CONSTRUCTION. |
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| 5. | INSTALL ALL NEW WORK IN ACCORDANCE WITH THE LATEST EDITIONS OF ALL APPLICABLE CODES. |
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| 13. | PROTECT ALL EXISTING WORK AND ADJACENT AREAS DURING CONSTRUCTION. |
| 14. | VERIFY ALL DIMENSIONS AND LOCATIONS PRIOR TO CONSTRUCTION. |
| 15. | PROVIDE ADEQUATE PROTECTION FOR ALL EXISTING WORK. |

MOHAWK VALLEY HEALTH SYSTEM

CON - SD SUBMITTAL

REVISION 1.00

mbbj

21 S. MOHAWK STREET, SUITE 300
SIOUX FALLS, SD 57104
605.336.1111

DATE: 08/14/2024

PROJECT: 25.0000.0000.0000.0000

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CONTRACT NO.: 25.0000.0000.0000.0000

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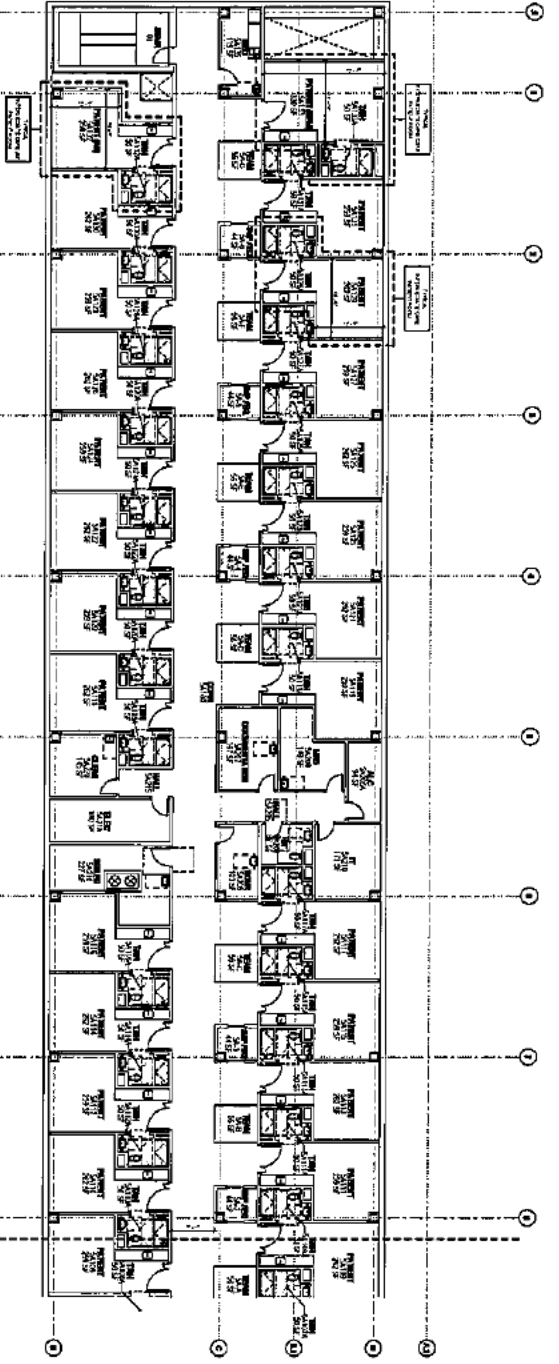
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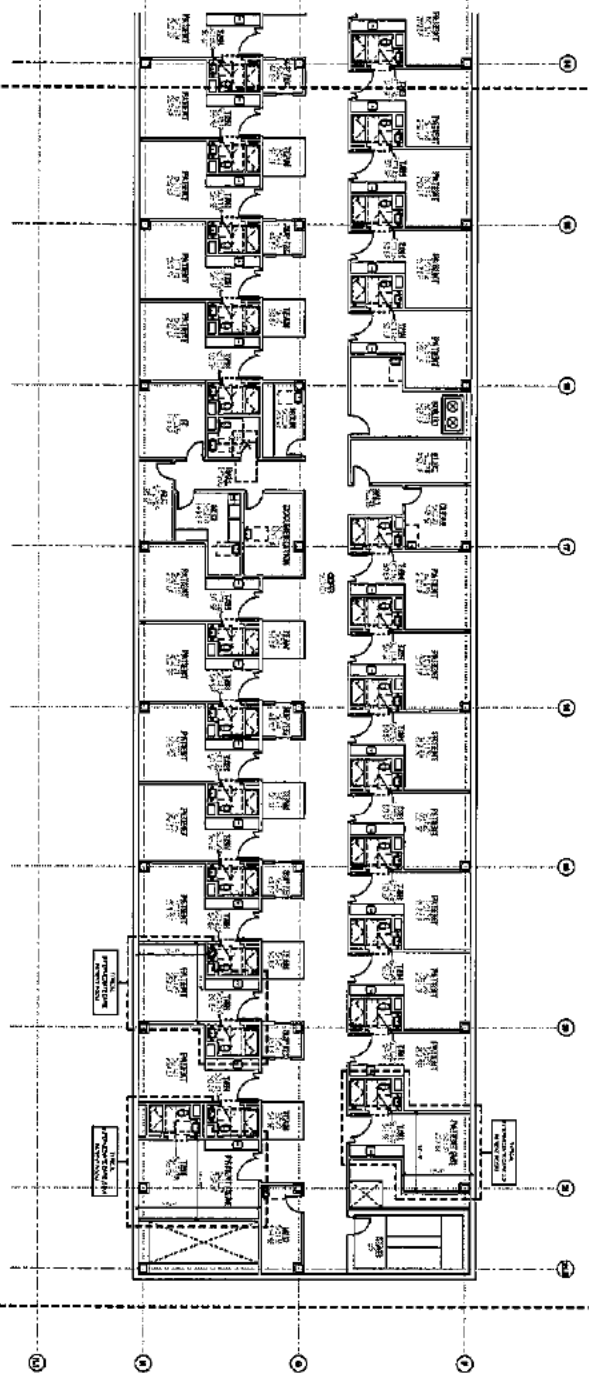
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1 1B-AREA A



2 1B-AREA B

nbbj
 NORTHERN CALIFORNIA
 DESIGN GROUP
 1011 J STREET, SUITE 100
 OAKLAND, CA 94612
 www.nbbj.com



MOHAWK VALLEY HEALTH SYSTEM

CON - SD SUBMITTAL

| NO. | DATE | DESCRIPTION |
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PROJECT NO.: AE106AC

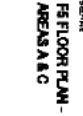
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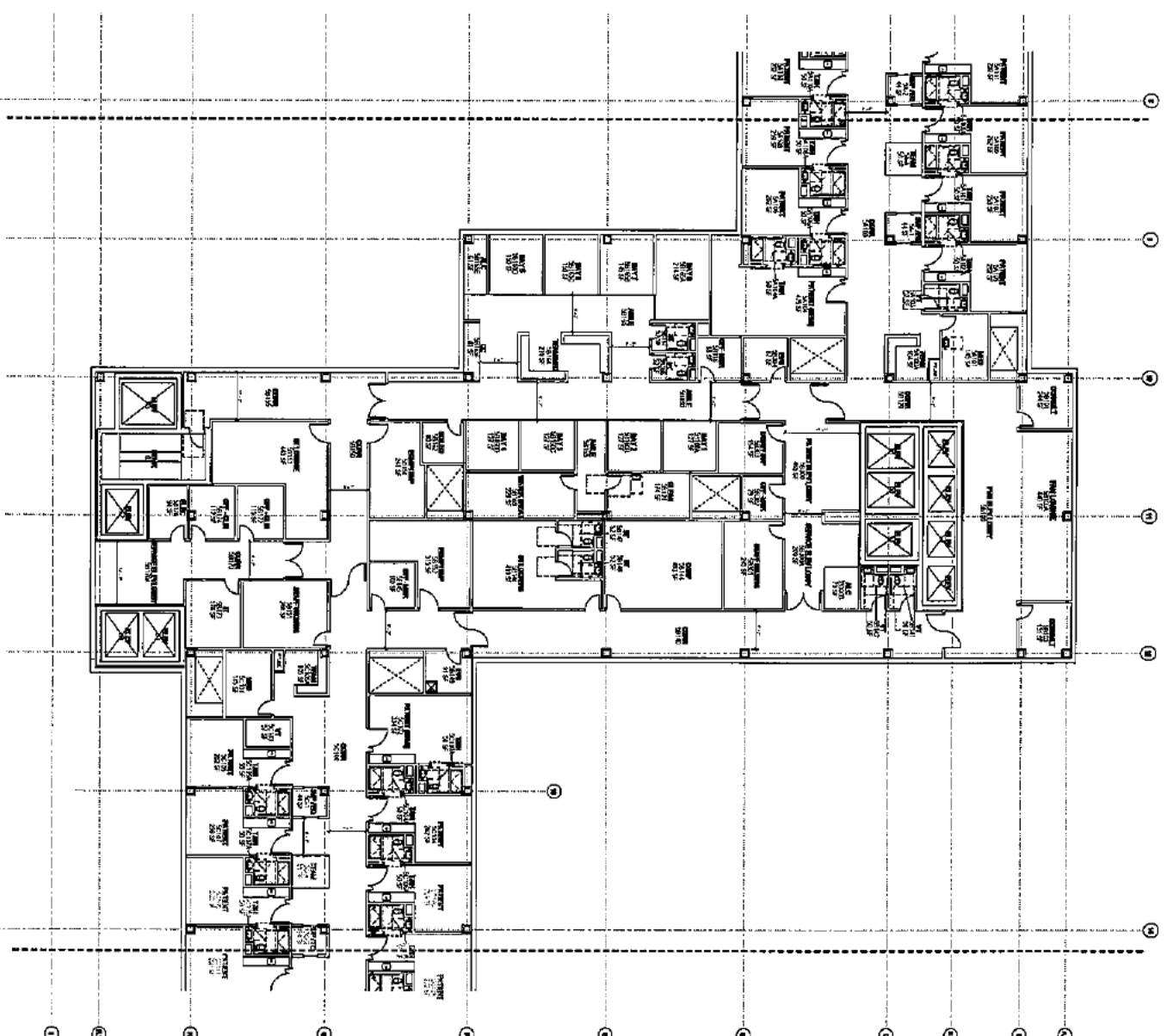
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BY: [Signature]

FLOOR PLAN



AE106AC



1 ES - AREA B

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**MONIAK VALLEY
 HEALTH SYSTEM**

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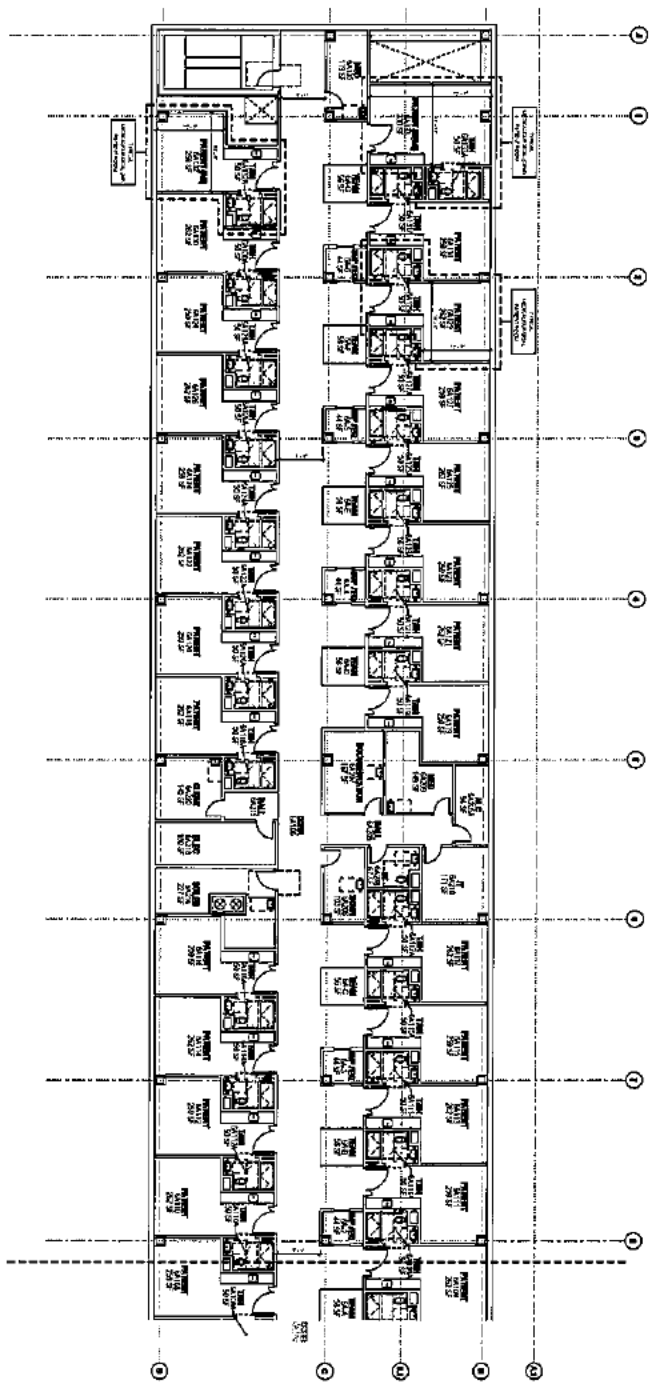
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GENERAL NOTES

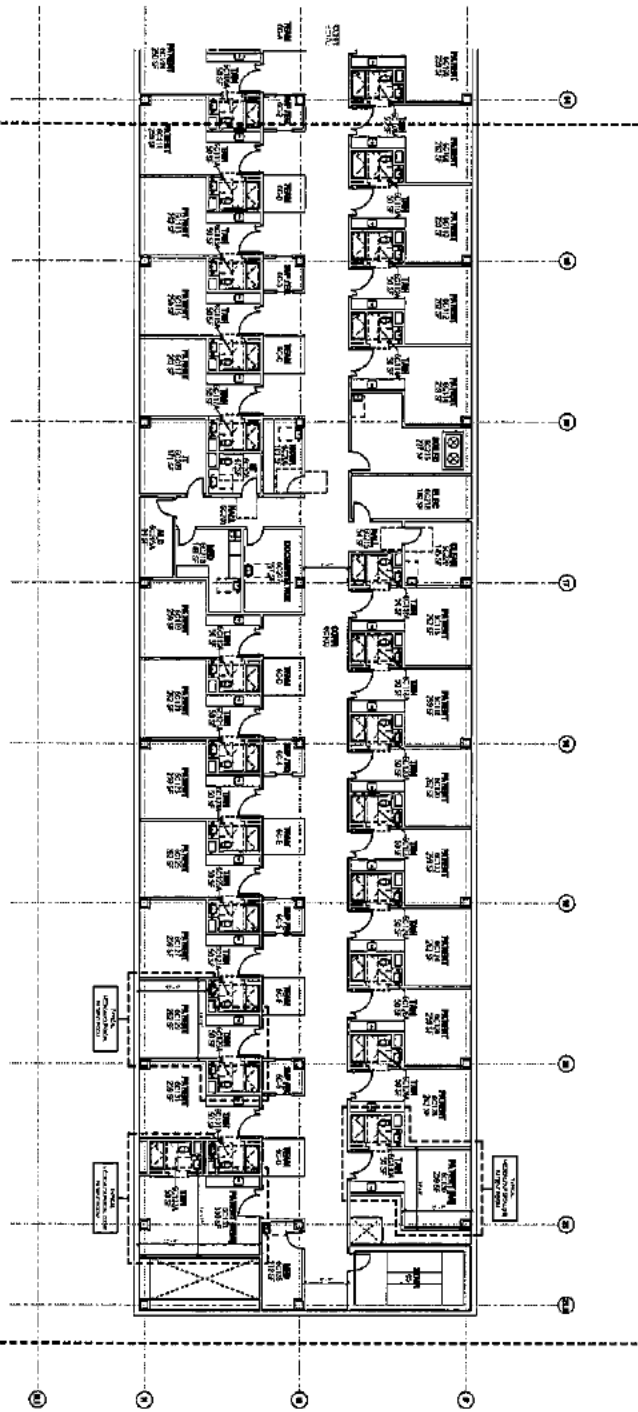


**ES FLOOR PLAN -
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DATE: 11/10/2014
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② FB-AREA G

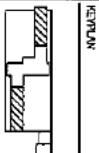
mbj
2014 WALLINGTON DRIVE
SUITE 1000
BELLINGHAM, WA 98220
PH: 360.832.1111
WWW.MBJ.COM



**MORAWAK VALLEY
HEALTH SYSTEM**

**CON - SD
SUBMITTAL**

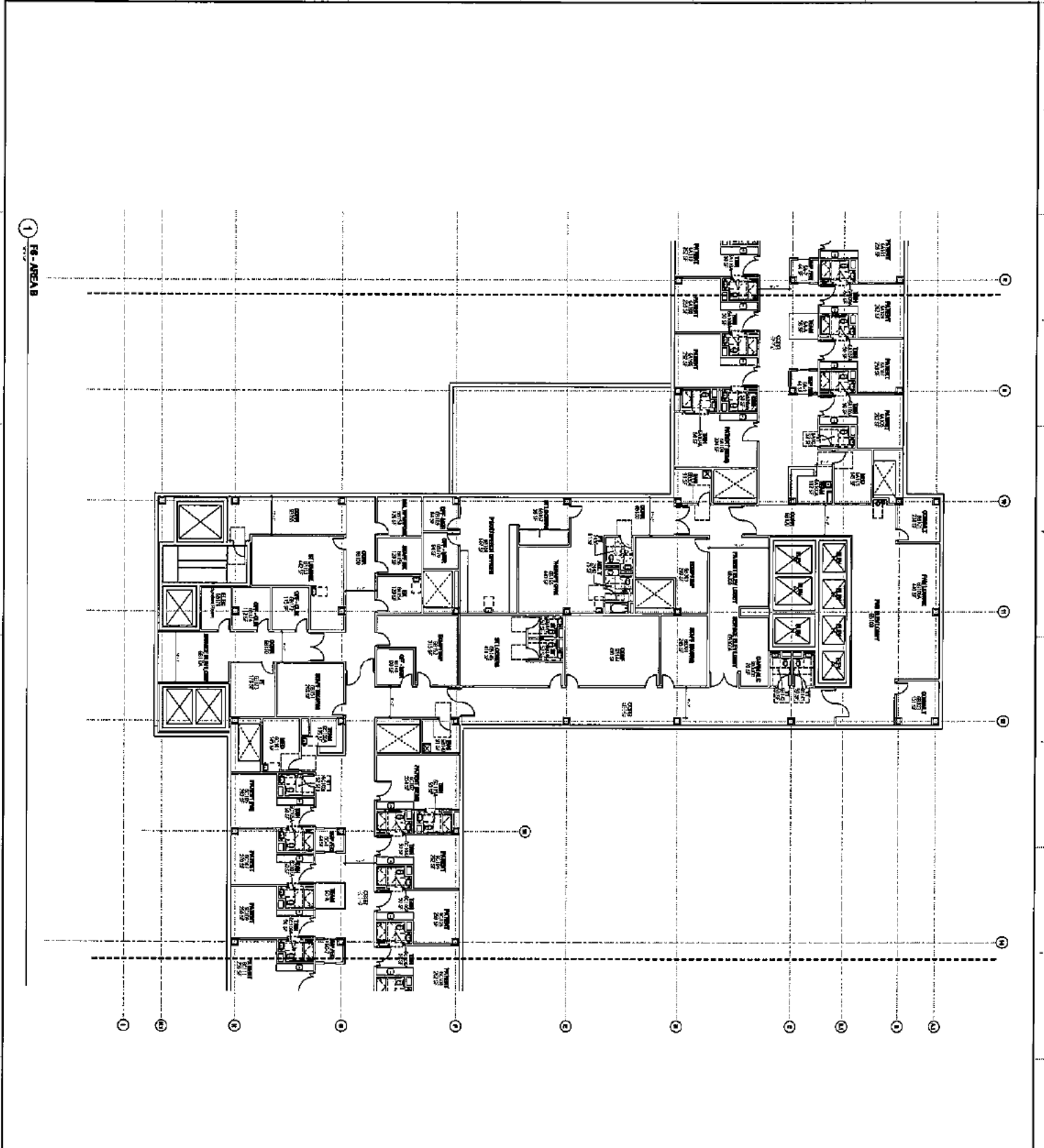
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**FB FLOOR PLAN -
AREA A & G**

DATE: 10/15/14
DRAWN BY: [Name]
CHECKED BY: [Name]
SCALE: 1/8" = 1'-0"

A6108-AC



1 FB - AREA B



KEY PLAN



mbj
 261 KAWANUKI DRIVE, SUITE 200
 TULSA, OKLAHOMA 74117
 PHONE: (918) 438-1234
 WWW.MBJ.COM



**MOHAWK VALLEY
 HEALTH SYSTEM**

**CON - SD
 SUBMITTAL**

PREPARED BY: [Name]

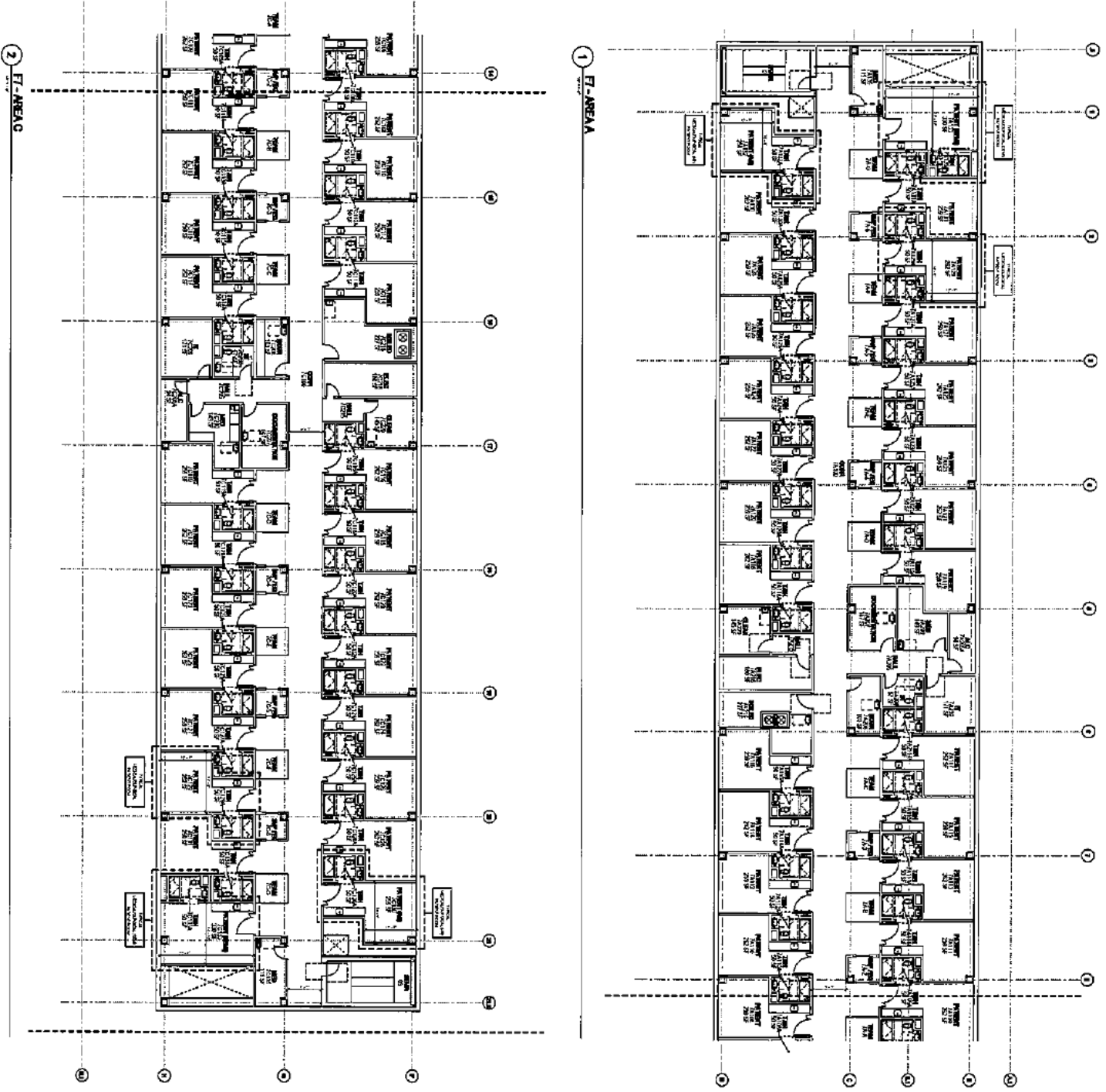
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**F1 FLOOR PLAN -
 AREA B**

AE100-B

1 F7-AREA A

2 F7-AREA C



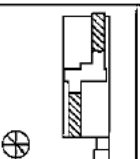
nbbj
 226 WEST 9TH STREET
 SUITE 1000
 DENVER, CO 80202
 (303) 733-1100
 www.nbbj.com



**MOHAWK VALLEY
 HEALTH SYSTEM**

**CON - S0
 SUBMITTAL**

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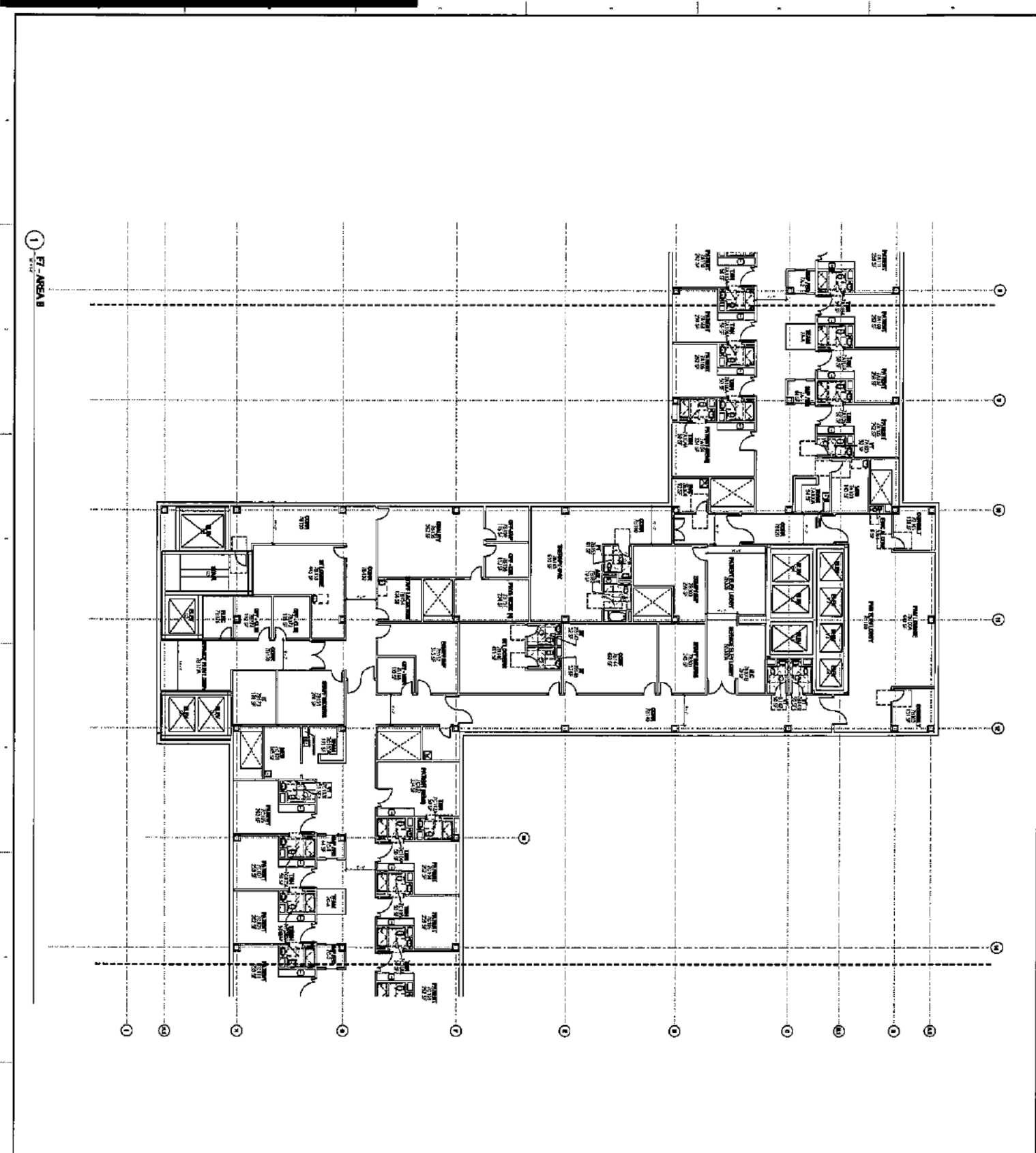


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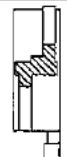
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1 - F7 - AREA B



REPLAN

AE:07-B

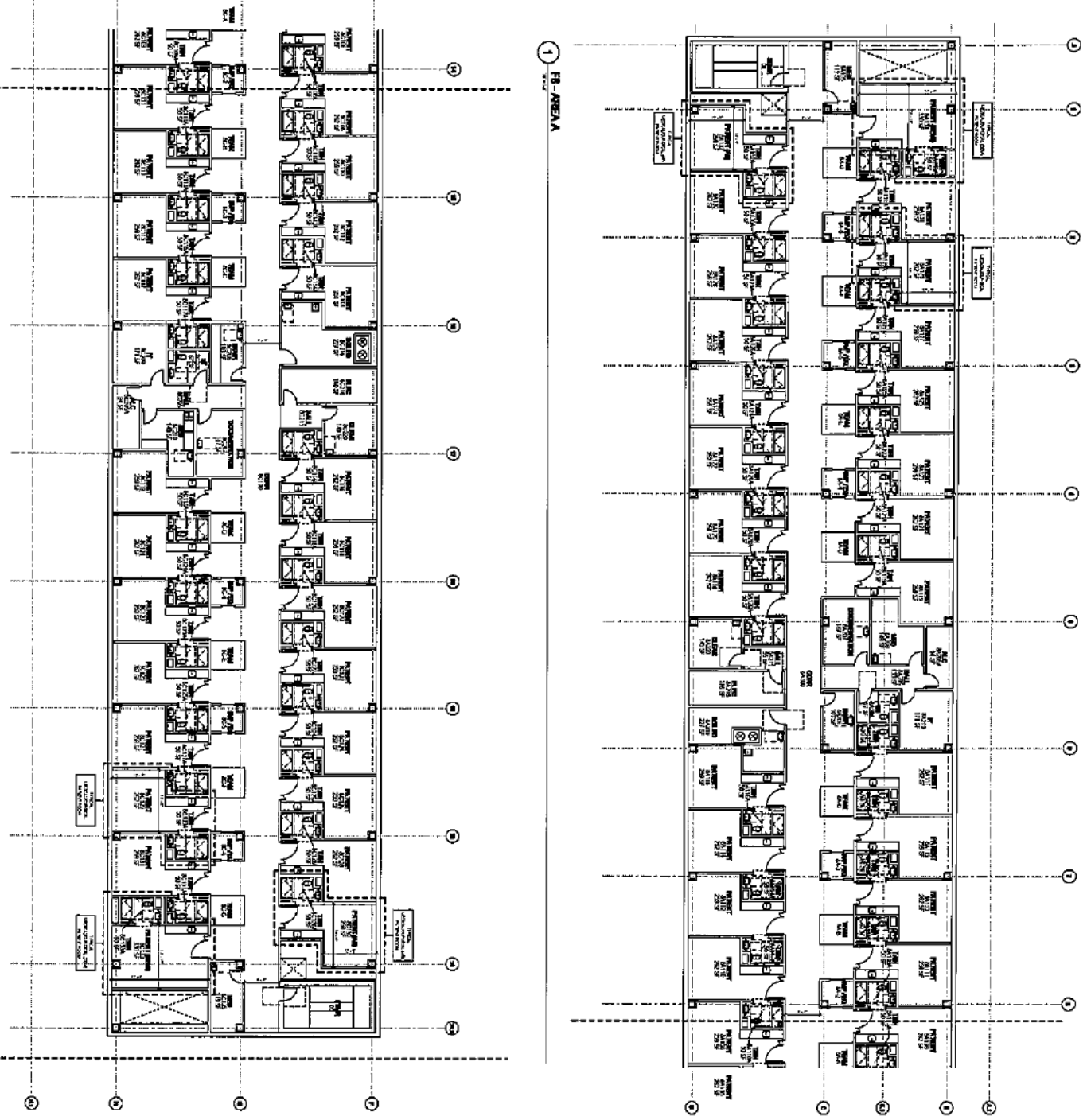
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CON - 80
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KONAUK VALLEY HEALTH SYSTEM

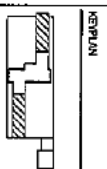
KONAUK VALLEY HEALTH SYSTEM





1 - B1-ARENA

2 - B1-ARENA C



DETAIL

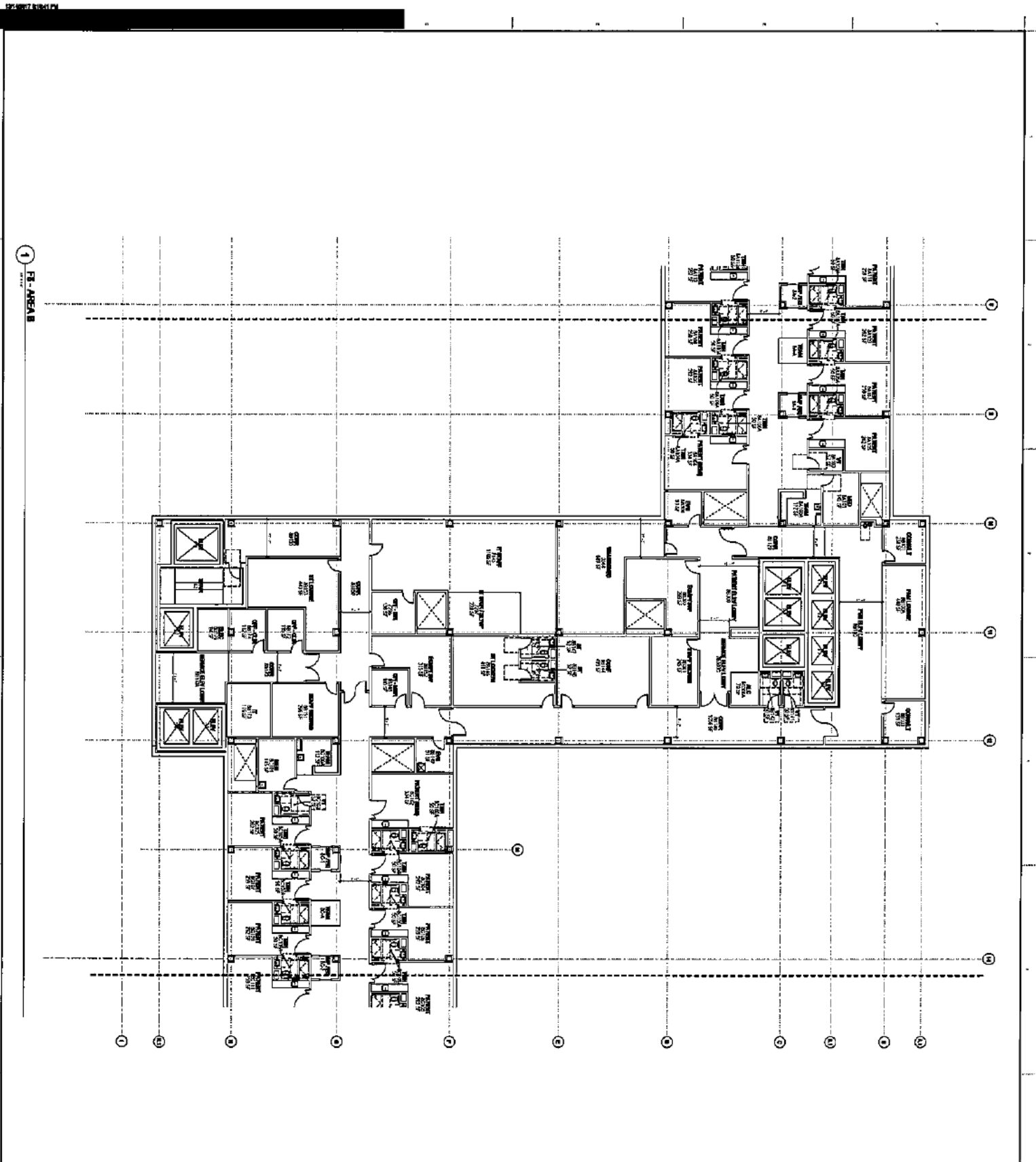


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nbbj

2355 MARKET STREET, SUITE 202
DENVER, COLORADO 80202
TEL: 303.733.3000
WWW.NBBJ.COM

THE UNIVERSITY OF COLORADO



1 F8 - AREA B



2015 MARKET STREET, SUITE 200
 FARMINGTON, CT 06030
 PHONE: 860.674.1111
 WWW.MBJ.COM

DATE: 01/28/2014
 TIME: 10:00 AM
 PROJECT: HVS
 SHEET: F8 - AREA B



MOHAWK VALLEY
 HEALTH SYSTEM

CON - SD
 SUBMITTAL
 HVS ARCHITECTURE

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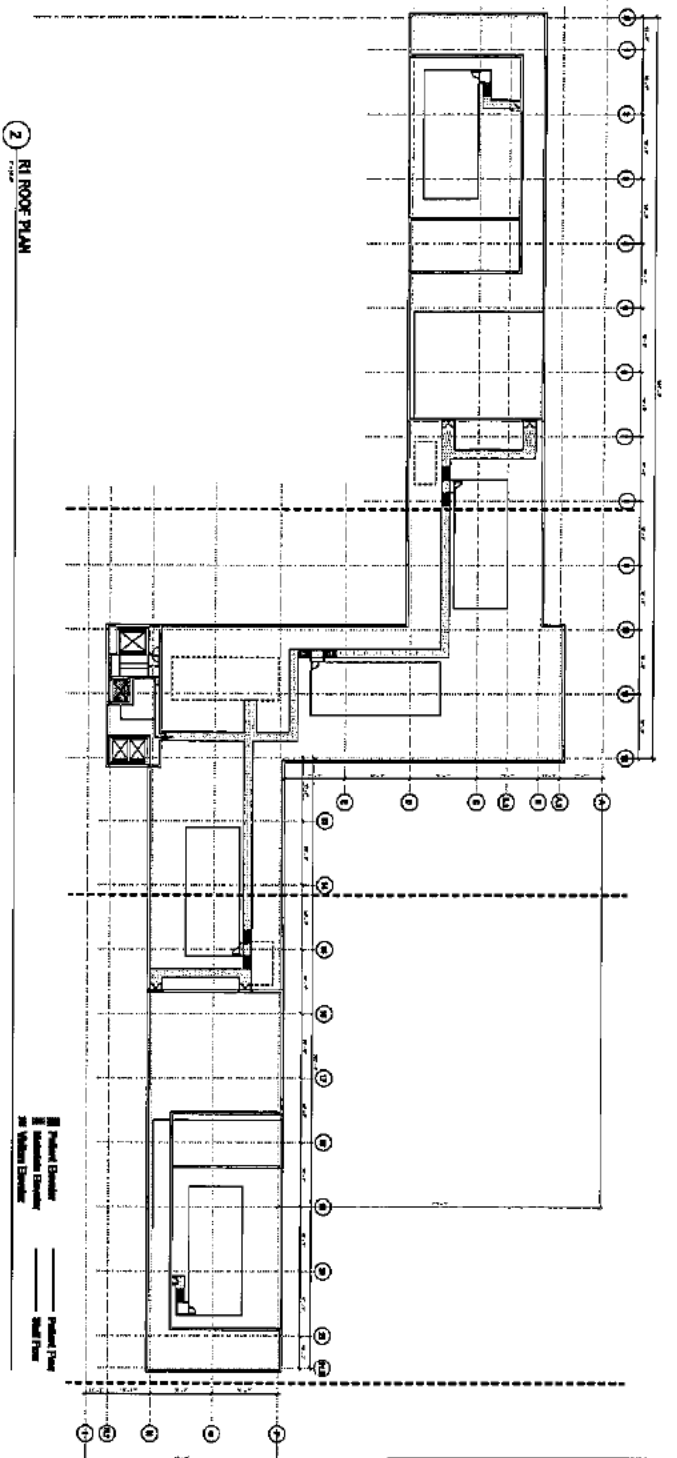
REVISIONS



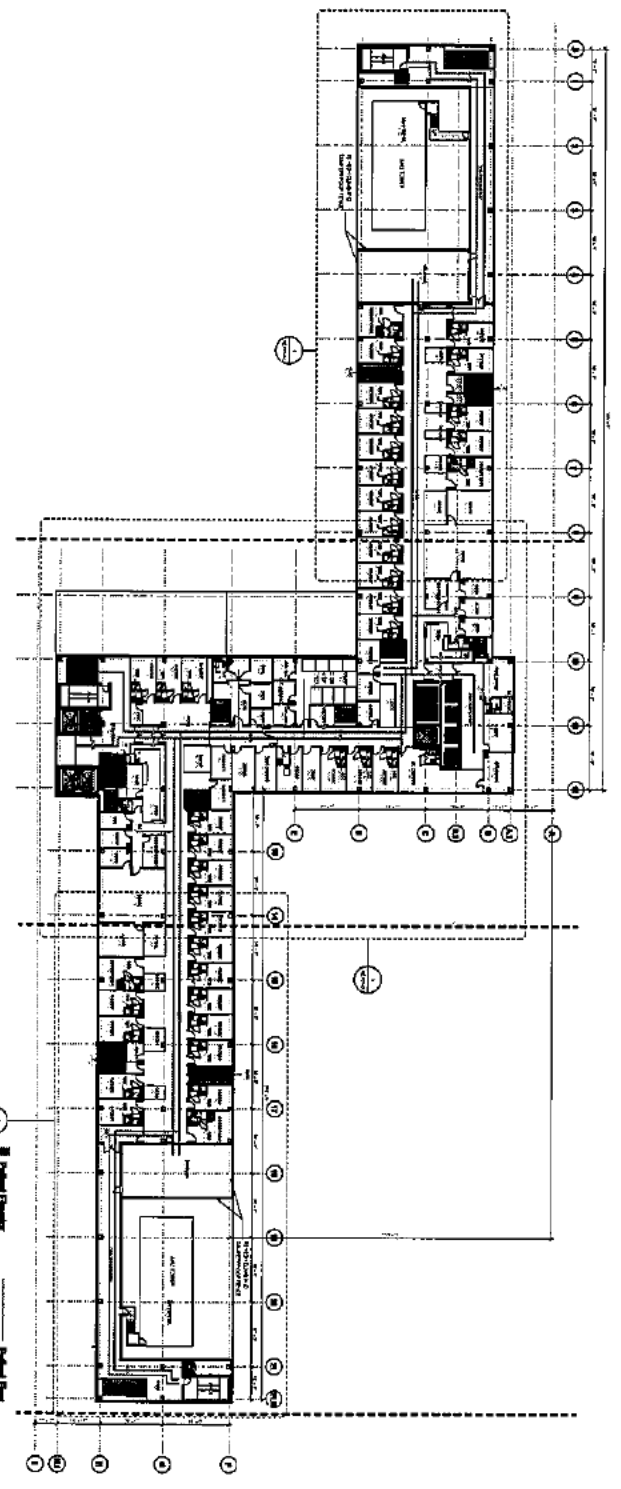
F8 FLOOR PLAN -
 AREA B

AE1008-B

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| 2 | ISSUED FOR CONSTRUCTION | 11/15/2010 | J. JONES | K. SMITH |
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2 R1 ROOF PLAN



1 F3 FLOOR PLAN



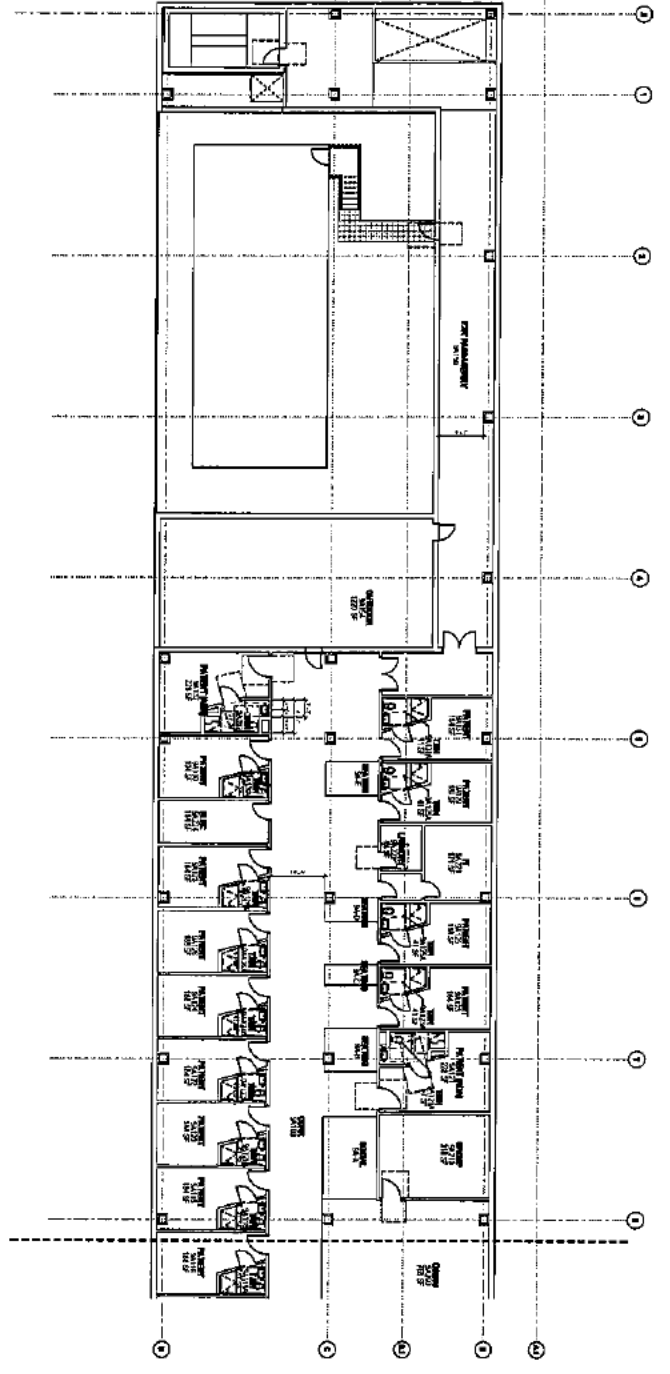
**MOHAWK VALLEY
HEALTH SYSTEM**

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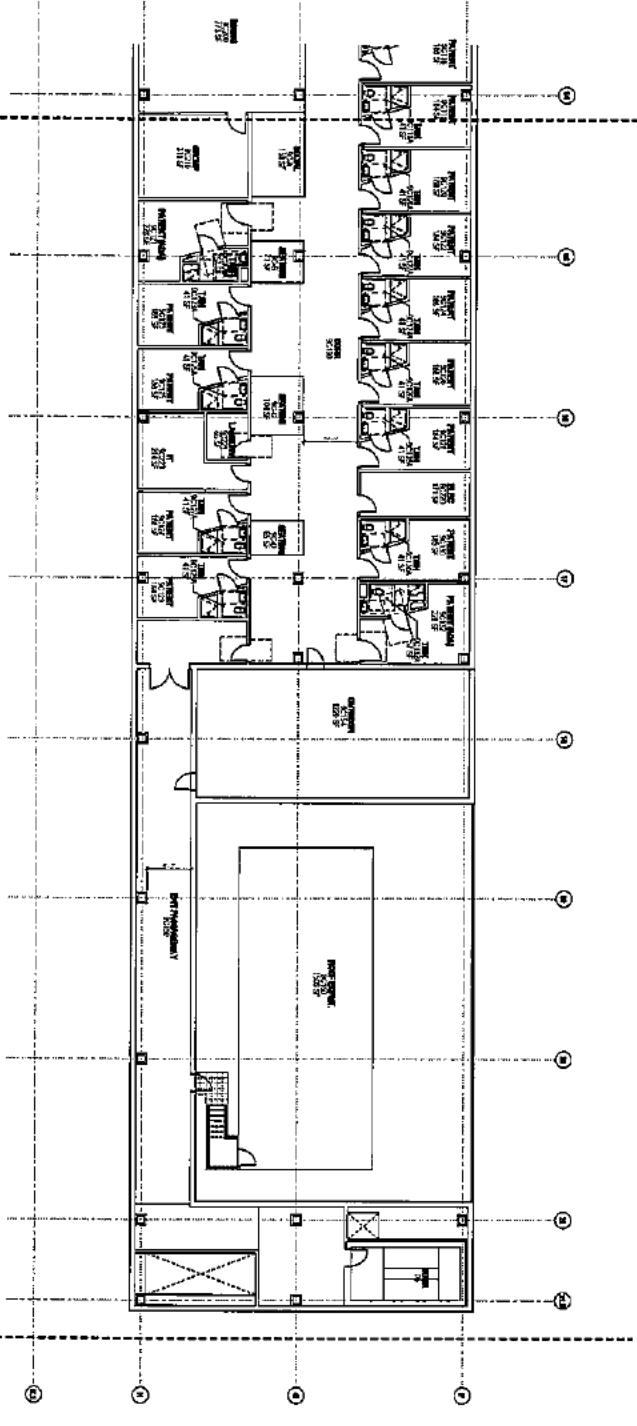
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**F3 FLOOR PLAN -
AREA A & C**

AE100-AC



1 F3-AREA



2 F3-AREA C



LEGEND



Cicero Consulting Associates

VCC, Inc.

701 Westchester Ave. • Suite 210W • White Plains, NY 10604
Tel: (914) 682-8657 • Fax: (914) 682-8895
cicero@ciceroassociates.com

White Plains Unit
Frank M. Cicero
Charles F. Murphy, Jr.
James Psarianos
Rose Murphy
Michael D. Ungerer
Noelia Chung
Brian Baldwin
Michael F. Cicero
Karen Dietz
Evelyn Branford
Michael C. Malala
Linda Cammisa, R.N.

Albany Unit
William B. Carmello
Joseph F. Poffit
Albert L. D'Amato
Mark Van Guysling
Rosemarie Porco-Nash
Daniel Rinaldi, Jr.
Mary Ann Anglin

Emeritus Consultants
Nicholas J. Mongiardo
Joan Greenberg
Martha H. Poffit
Frank T. Cicero, M.D.

December 19, 2017

Michael P. Parker, Sr.
(1941-2011)
Anthony J. Maddaloni
(1952-2014)

Mr. Robert Lis
Bureau of Architectural & Engineering Review
NEW YORK STATE DEPARTMENT OF HEALTH
Corning Tower, Room 1861
Empire State Plaza
Albany, New York 12237

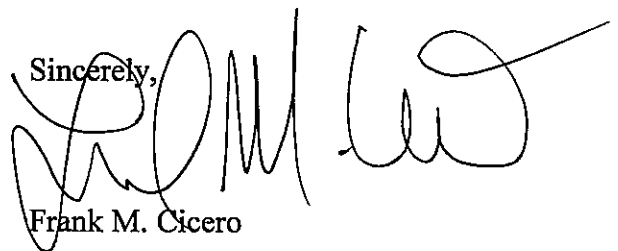
RE: MOHAWK VALLEY HEALTH SYSTEM
PROJECT NO. 172305-C
(Oneida County)
Construct a new 373-bed replacement hospital on a 25-acre parcel in Utica
ONEIDA COUNTY TRANSFORMATION GRANT-FUNDED PROJECT

Dear Mr. Lis:

On behalf of our client, Mohawk Valley Health System (MVHS), please find enclosed documentation prepared by the project architect in response to your letter of December 6, 2017, regarding the project referenced above. This documentation includes a response letter and an updated PDF of drawings. Hard-copy drawings are being sent under a separate letter to the Department (one set of drawings is being provided in response to two (2) separate requests for additional information from the Bureau of Architectural & Engineering Facility Planning – one from you and one from Mr. Clary).

Please feel free to contact me if you have any questions. Thank you.

Sincerely,



Frank M. Cicero

cc: Ms. Sharon A. Palmer, MSBA, Assistant Vice President, Facilities Services, MVHS

December 18, 2017

Project Management Unit, New York State Department of Health
Corning Tower, Room 1842,
Empire State Plaza, Albany, New York 12237
Michael Clary, Health Facilities Planner
Bureau of Architectural & Engineering Review

172305 C**Faxton-St Luke's Healthcare St Luke's Division (Oneida)**

Construct a new 373-bed replacement hospital on a 25-acre parcel in Utica

(DSG 1)

1. General Comments: Fixtures
2. Referenced Standard: DSG 1.0
 - a. Trade: Architecture
 - b. Drawing Sheet: All

2.1 Action Required: Please indicate fixtures such as toilets, hand washing sinks and clinical sinks. Please revise and resubmit drawing(s).

RESPONSE: Toilets, Handwash sinks, clinical sinks, showers and housekeeping closets have been indicated on the floor plans – plans are being reissued as part of this response. NOTE: fixture type may change as the design is developed.

(DSG 2)

3. General Comments: ADA Clearances in Toilet Rooms
4. Referenced Standard: DSG 1.0
 - a. Trade: Architecture
 - b. Drawing Sheet: All

2.2 Action Required: Please indicate ADA clearances in a typical toilet room. Please revise and resubmit drawing(s).

RESPONSE: ADA clearances have been indicated in toilet rooms -- plans are being reissued as part of this response.

(DSG 3)

5. General Comments: Room Numbers
6. Referenced Standard: DSG 1.0
 - a. Trade: Architecture
 - b. Drawing Sheet: All

2.3 Action Required: Please indicate room numbers for all schematic design drawings. Please revise and resubmit drawings.

RESPONSE: Room numbers have been provided on the plans -- plans are being reissued as part of this response. **NOTE:** Room numbers will likely be modified as the design is refined and the numbers are coordinated with the signage consultant -- plans are being reissued as part of this response.

(ARCH 1)

7. General Comments: **Public Waiting Area**

8. Referenced Standard: FGI 2014

a. Chapter: 2.2.3-1.2.4

b. Trade: Architecture

c. Drawing Sheet: F1 (A)

d. Floor: Emergency Department

2.4 Action Required: Please indicate access to drinking water. Revise and resubmit drawing.

RESPONSE: A drinking Fountain (EWC) has been added outside room 1200B, sheet AE101-A

(ARCH 2)

1. General Comments: **EMS Communication**

2. Referenced Standard: FGI 2014

a. Chapter: 2.2-3.1.2.5

b. Trade: Architecture

c. Drawing Sheet: F1 (A)

d. Floor: Emergency Department

2.5 Action Required: Indicate the EMS Communication Room. Revise and resubmit drawing.

RESPONSE: The EMS communication Room is located in the Emergency Department – room 1308, sheet AE101-A

(ARCH 3)

1. General Comments: **Reception and Triage Area**

2. Referenced Standard: FGI 2014

a. Chapter: 2.2-3.1.3.3

b. Trade: Architecture

c. Drawing Sheet: F1 (A)

d. Floor: Emergency Department

2.6 Action Required: Please indicate the handwashing stations in the triage area. Revise and resubmit drawing.

RESPONSE: Handwashing stations have been added

(ARCH 4)

1. General Comments: **Trauma Rooms**

2. Referenced Standard: FGI 2014

- a. Chapter: 2.2-3.2.3.6
- b. Trade: Architecture
- c. Drawing Sheet: F1 (A)

2.7 Action Required: Please consider relocating the trauma rooms in closer proximity to the emergency entrance. Revise and resubmit drawing.

RESPONSE: The trauma room location is based on discussions with the hospital physician and nursing staff. The room is located so that it is in between the entry to the Emergency Department and the oversized elevator (Megavator) used to transfer ER patients to the Surgery/Invasive Cardiology and Critical Unit as well as Psychiatric patients from the Emergency Department to the 9th Floor behavior Health Nursing Unit -- plans are being reissued as part of this response.

(ARCH 5)

- 1. General Comments: **Bariatric / Pediatric Treatment Area**
- 2. Referenced Standard: FGI 2014
 - a. Chapter: 2.2-3.2.3.6
 - b. Trade: Architecture
 - c. Drawing Sheet: F1 (A)

2.8 Action Required Indicate the dedicated Bariatric and Pediatric treatment areas. Revise and resubmit drawing.

RESPONSE: The bariatric and Pediatric treatment area in the Emergency Department have been labeled -- plans are being reissued as part of this response.

(ARCH 6)

- 1. General Comments: **Food Production**
- 2. Referenced Standard: FGI 2014
 - a. Chapter: 2.1-4.3
 - b. Trade: Architecture
 - c. Drawing Sheet: F1 (B)

2.9 Action Required: Not enough information to review. Please review the section of the FGI. Revise and resubmit drawing.

RESPONSE: A preliminary layout for the food service department has been provided and exiting indicated. The final layout of the department will be refine as the Food Service Consultant is selected -- plans are being reissued as part of this response.

(ARCH 7)

- 1. General Comments: **Clinical Lab Services**

2. Referenced Standard: FGI 2014

- a. Chapter: 2.1-4
- b. Trade: Architecture
- c. Drawing Sheet: F1 (C)

2.10 Action Required: Not enough information to review. Please review the section of the FGI. Revise and resubmit drawing.

RESPONSE: Per 12/8/17 email "As for casework fixtures for the lab; we can wait for the 60% State Hospital Code submission to review."

(ARCH 8)

1. General Comments: **Room Names**

2. Referenced Standard: FGI 2014

- a. Chapter: 1.2-2.1 /1.2-2.1.3.1 /1.2-2.1.3.2
- b. Trade: Architecture
- c. Drawing Sheet: All

2.11 Action Required: The names for spaces and departments used in the functional program shall be consistent with those used in the Guidelines for Design and Construction of Hospital and Outpatient Facilities. If acronyms are used, they shall be defined clearly. Please provide a key for all acronyms shown on the submitted drawings. Revise and resubmit drawings.

RESPONSE: A list of room names corresponding to the abbreviations indicated on the floor plans is provided on new drawing sheet GC001 General Requirements Notes.

In addition to the items noted above in order to make the Typical Room Dimensions easier to find we placed a heavy dashed line around "typical rooms" and noted that the dimensions are typical for the room type. This is in response to a concern that we discussed in our conference call that there were not adequate dimensions indicated – at this time the typical room dimensions are to be used for similar rooms unless noted otherwise.

Sincerely,



Steven M. Kopf AIA
NBBJ
250 South High Street

nbbj

Suite 300
Columbus, Ohio 43215

ARCHITECT

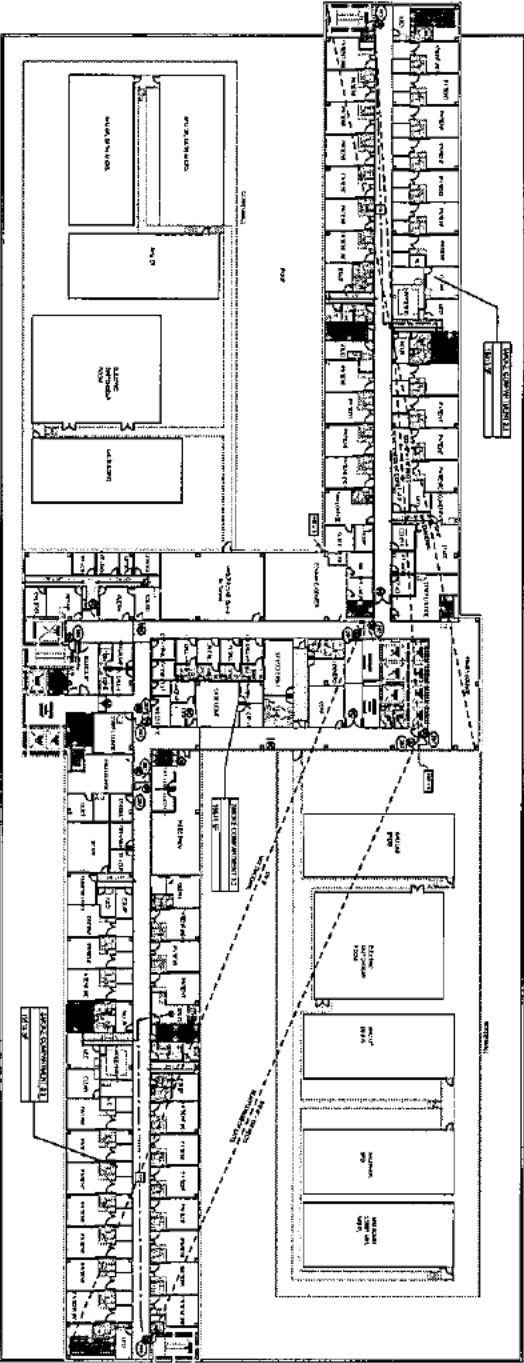
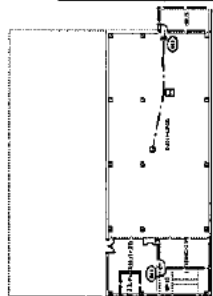
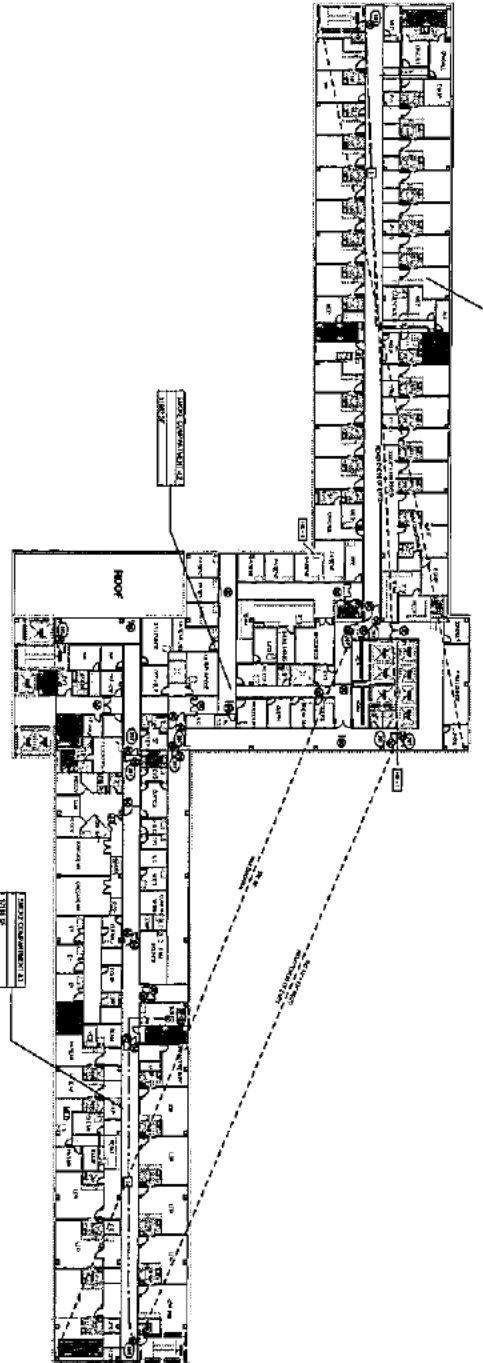


MOHAWK VALLEY HEALTH SYSTEM

CON-80 SUBMITTAL

F3, F4 LIFE SAFETY PLANS

PROJECT NUMBER 6109



LIFE SAFETY LEGEND

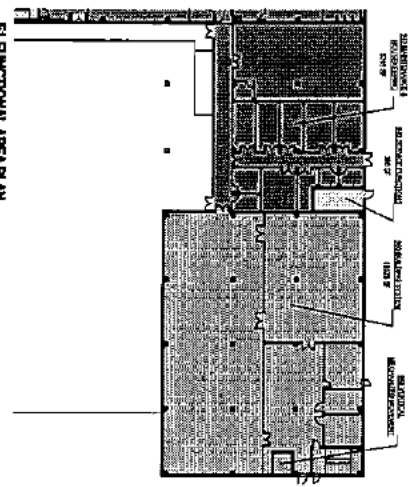
| SYMBOLS | |
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| | STAIRS (INDICATING DOWN OR UP) |
| | EGRESS PATH (INDICATING DOWN OR UP) |
| | EXIT DOOR (INDICATING DOWN OR UP) |
| | FIRE ALARM (INDICATING DOWN OR UP) |
| | FIRE EXTINGUISHER (INDICATING DOWN OR UP) |
| | FIRE HYDRANT (INDICATING DOWN OR UP) |
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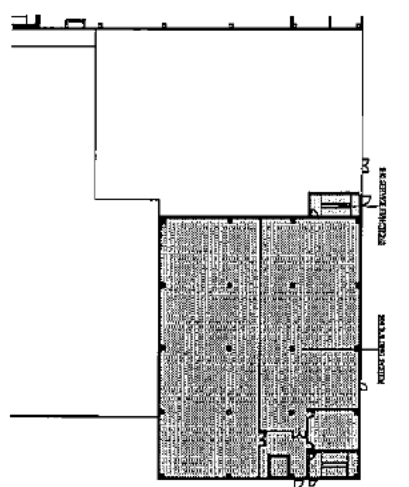
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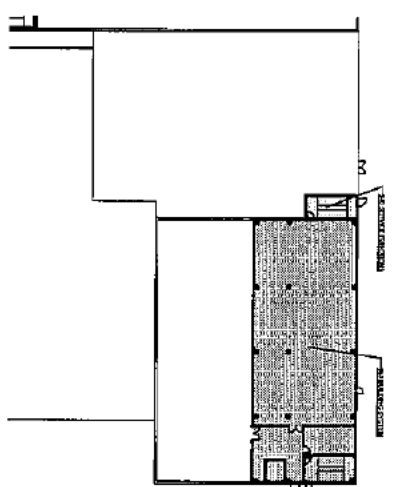
- 340 SERVICE FUNCTIONS
- 343 MAINTENANCE & HOUSEKEEPING
- 340 BUILDING SYSTEM
- 348 VERTICAL MECHANIZED MOVEMENT



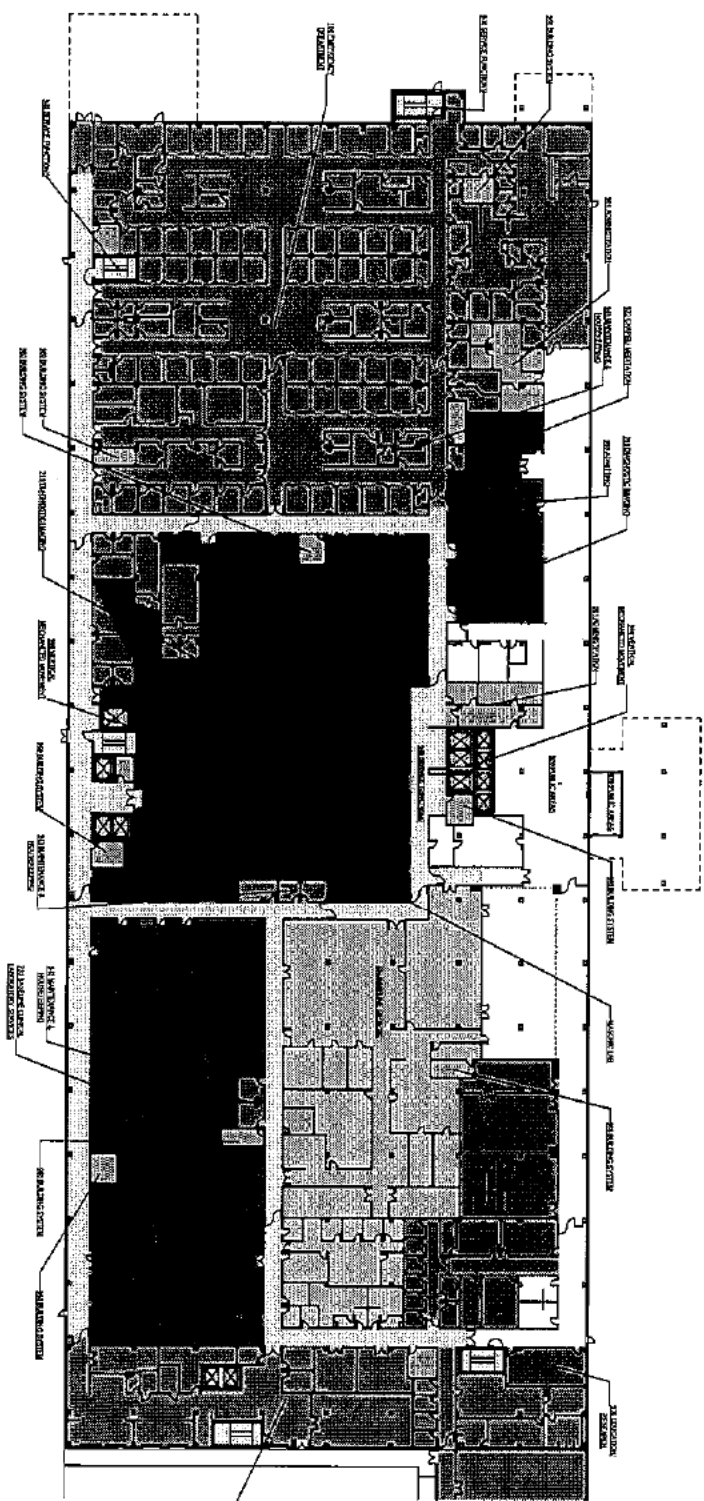
2 F1 FUNCTIONAL AREA PLAN - ANNEX CEP



3 F2 FUNCTIONAL AREA PLAN - CEP



4 F3 FUNCTIONAL AREA PLAN - CEP



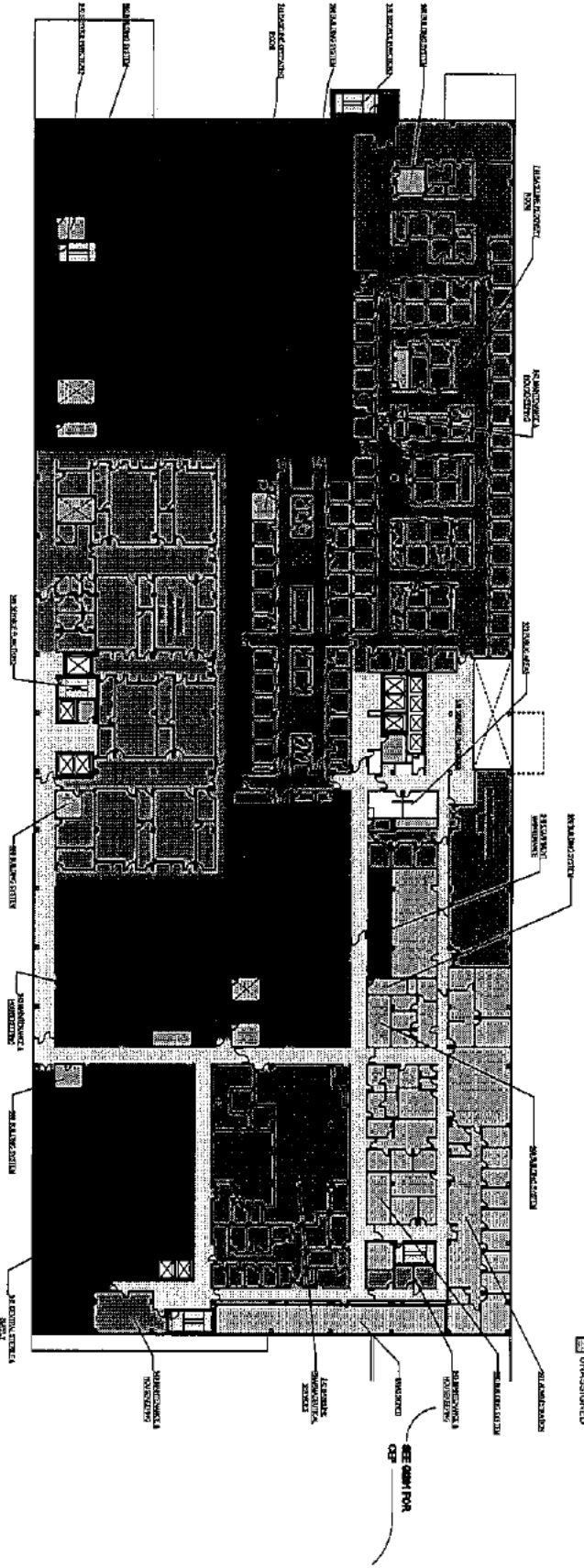
1 F1 FUNCTIONAL AREA PLAN

FUNCTIONAL AREA CODE LEGEND

- 100 EMERGENCY DEPARTMENT
- 210 DIAGNOSTIC IMAGING
- 230 BASELINE CLINICAL LABORATORY SERVICES
- 234 BASELINE DIETETIC
- 301 ADMINISTRATION
- 303 ADMITTING
- 300 PUBLIC AREAS
- 322 CHAPEL / EDUCATION
- 390 EDUCATION / RESEARCH
- 340 SERVICE FUNCTIONS
- 343 MAINTENANCE & HOUSEKEEPING
- 340 BUILDING SYSTEM
- 348 VERTICAL MECHANIZED MOVEMENT
- 340 VARIOUS LAB

| | |
|------------------------------|--|
| MORHAWK VALLEY HEALTH SYSTEM | |
| CON - SD | SUBMITTAL |
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| SCALE: AS SHOWN | DESIGNER: MBBJ |
| DATE: 02/21 | PROJECT: F1 CEP F1-F3 FUNCTIONAL AREA PLAN |
| SCALE: AS SHOWN | DESIGNER: MBBJ |

- FUNCTIONAL AREA CODE LEGEND**
- 203 CARDIAC CATHETERIZATION, ADULT
 - 241 BASELINE OPERATING ROOM
 - 242 BASELINE PHARMACEUTICAL SERVICES
 - 244 BASELINE RECOVERY ROOM
 - 301 ADMINISTRATION
 - 323 PUBLIC AREAS
 - 340 SERVICE FUNCTIONS
 - 341 CENTRAL STERILE & SUPPLY
 - 343 MAINTENANCE & HOUSEKEEPING
 - 348 EQUIPMENT MAINTENANCE
 - 350 BUILDING SYSTEM
 - UNASSIGNED



1 F2 FUNCTIONAL AREA PLAN



**MOJAVE VALLEY
 HEALTH SYSTEM**

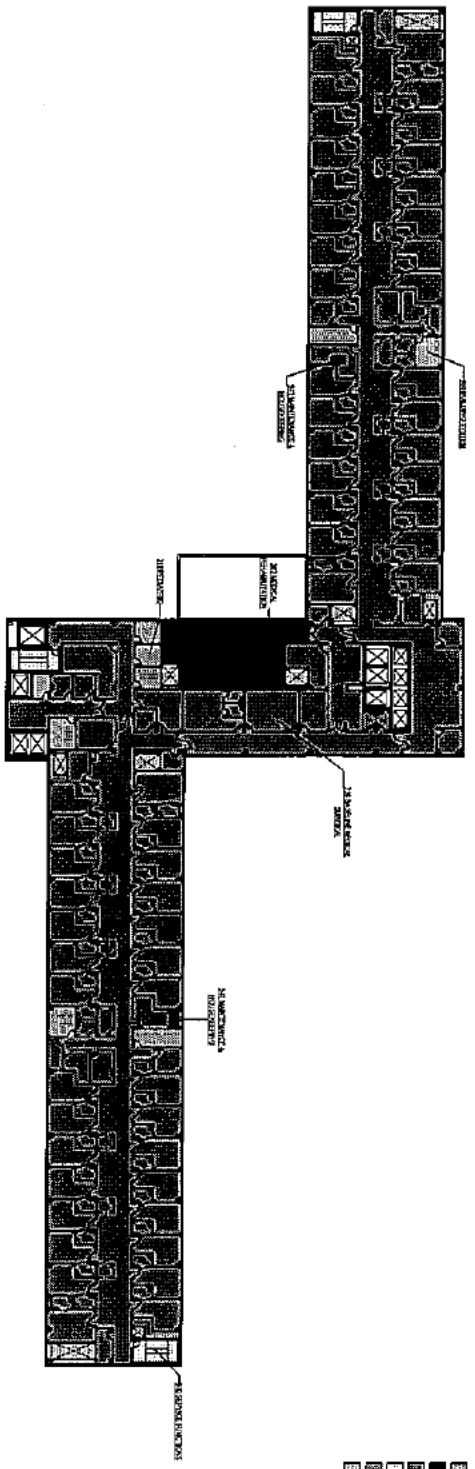
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 SUBMITTAL**

**F2 FUNCTIONAL
 AREA PLAN**

08/02

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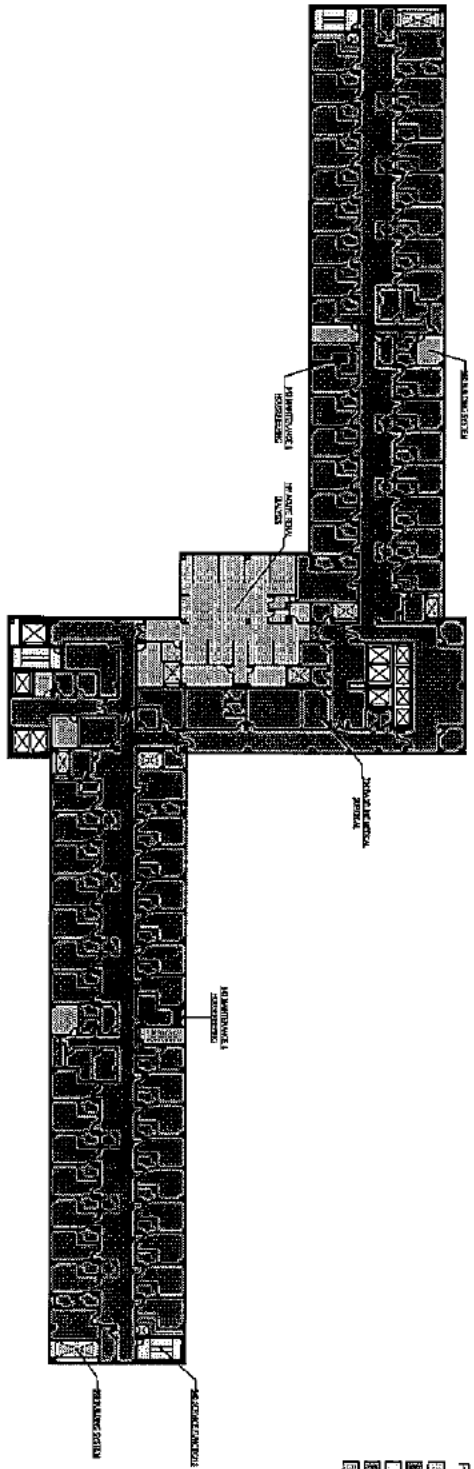
- 218 PEDIATRIC
- 302 MEDICAL REHABILITATION
- 706 BASELINE MEDICAL SURGICAL
- 940 SERVICE FUNCTIONS
- 943 MAINTENANCE & HOUSEKEEPING
- 990 BUILDING SYSTEM



2 2ND FLOOR
 FUNCTIONAL AREA PLAN

FUNCTIONAL AREA CODE LEGEND

- 101 ACUTE RENAL DIALYSIS
- 706 BASELINE MEDICAL SURGICAL
- 940 SERVICE FUNCTIONS
- 943 MAINTENANCE & HOUSEKEEPING
- 990 BUILDING SYSTEM



1 1ST FLOOR
 FUNCTIONAL AREA PLAN



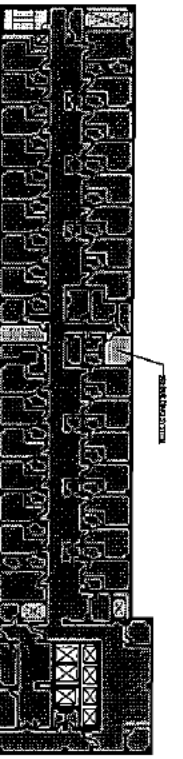
**MOHAWK VALLEY
 HEALTH SYSTEM**

**CON - S0
 SUBMITTAL
 PRELIMINARY SET**

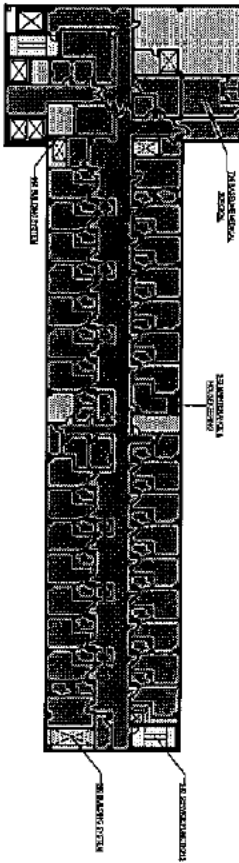
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**F5, F8
 FUNCTIONAL
 AREA PLAN**

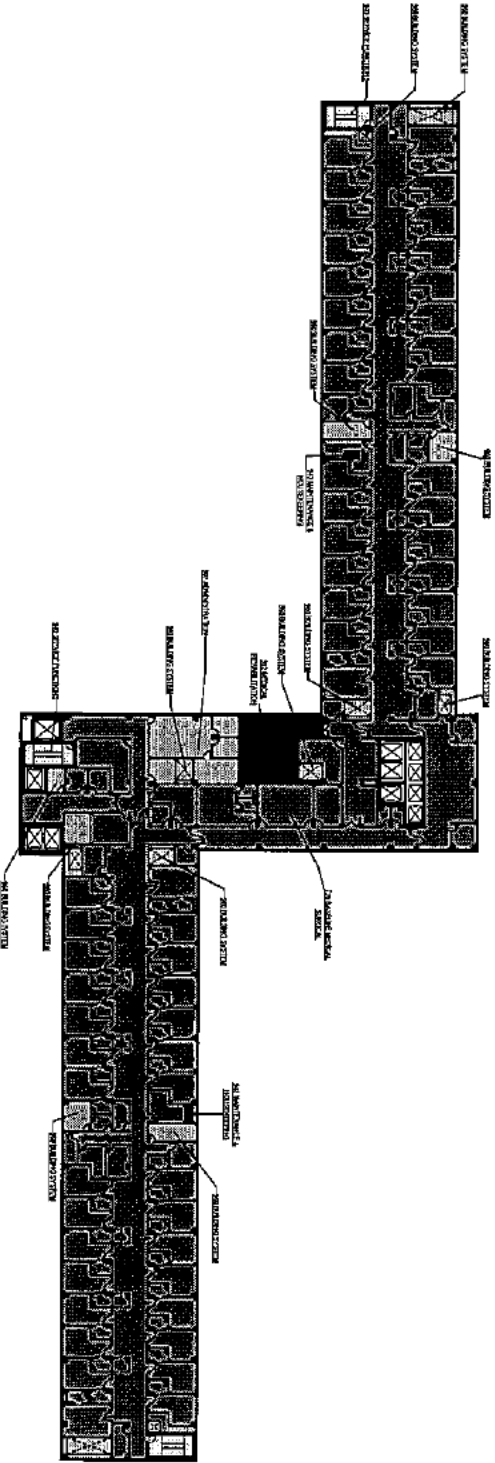
09205



- FUNCTIONAL AREA CODE LEGEND**
- REHABILITATION CENTER
 - MEDICAL SURGICAL
 - ADMINISTRATION
 - SERVICE FUNCTIONS
 - MAINTENANCE & HOUSEKEEPING
 - BUILDING SYSTEMS



2 FUNCTIONAL AREA PLAN



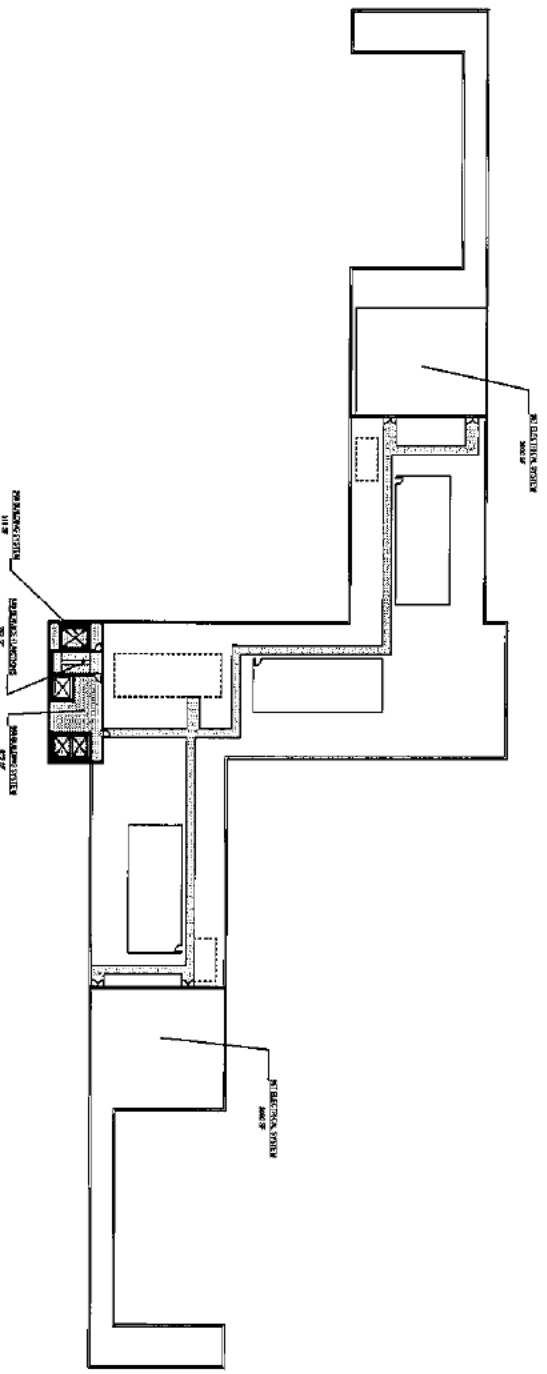
- FUNCTIONAL AREA CODE LEGEND**
- REHABILITATION CENTER
 - MEDICAL SURGICAL
 - ADMINISTRATION
 - SERVICE FUNCTIONS
 - MAINTENANCE & HOUSEKEEPING
 - BUILDING SYSTEMS

1 FUNCTIONAL AREA PLAN



FUNCTIONAL AREA CODE LEGEND

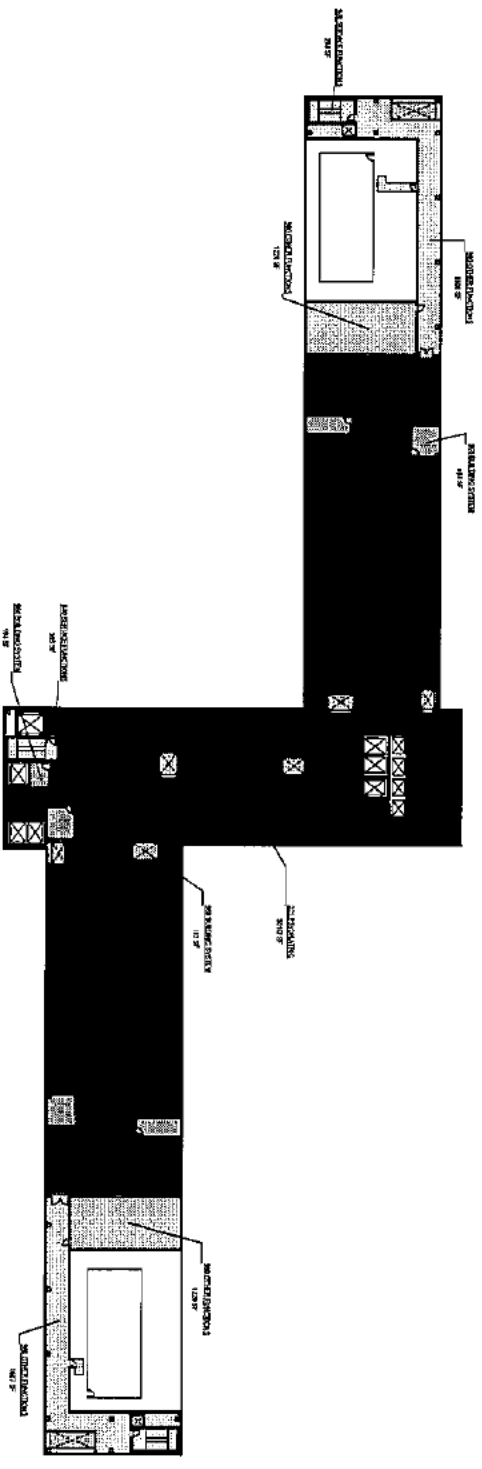
- 940 SERVICE FUNCTIONS
- 960 BUILDING SYSTEM
- 967 ELECTRICAL SYSTEM




2 F10 FUNCTIONAL AREA PLAN

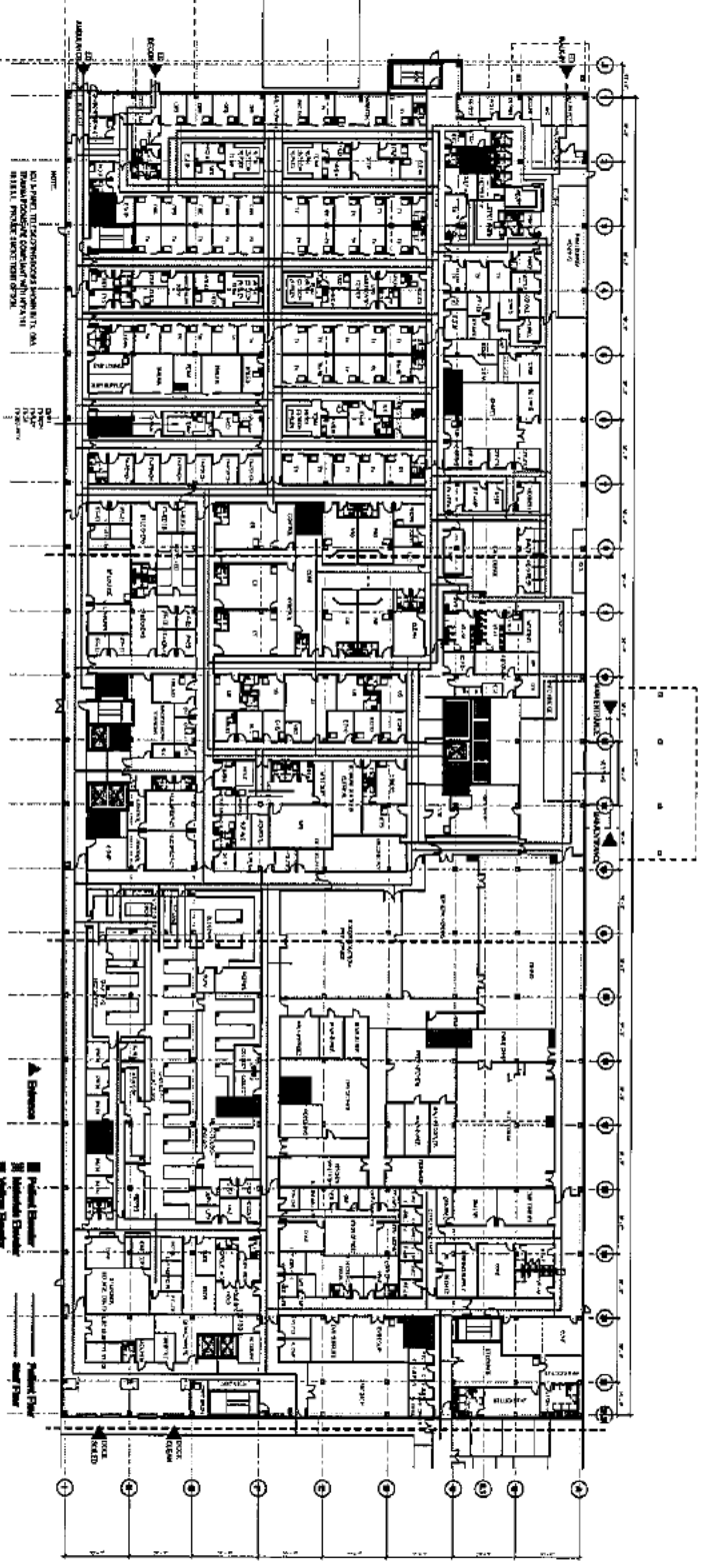
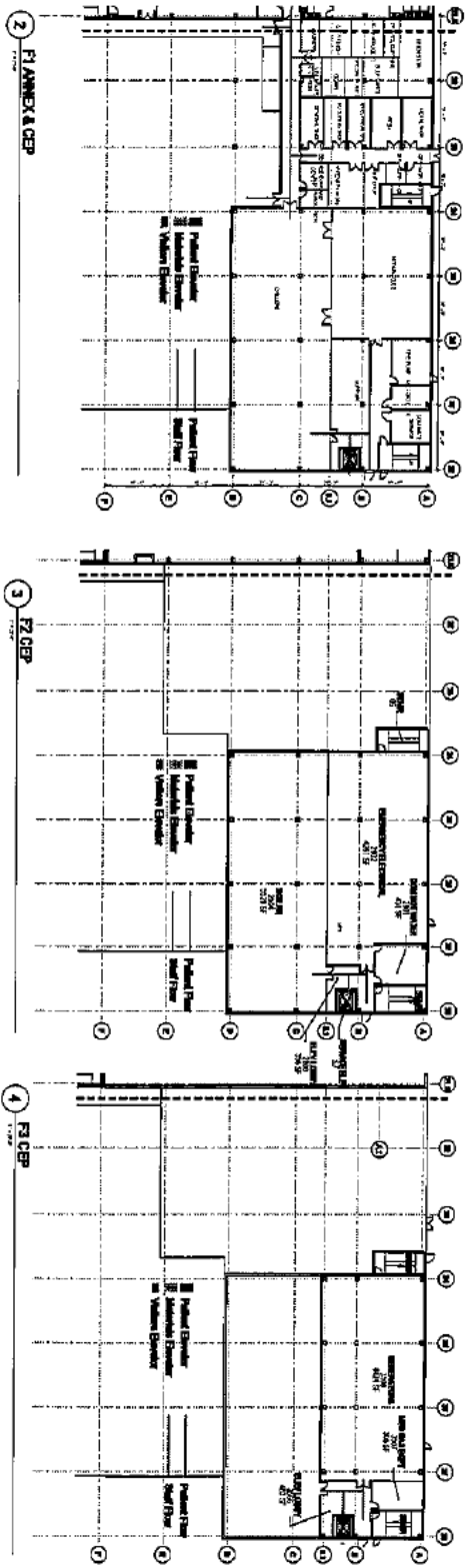
FUNCTIONAL AREA CODE LEGEND

- 221 PSYCHIATRIC
- 940 SERVICE FUNCTIONS
- 960 BUILDING SYSTEM
- 960 OTHER FUNCTIONS




1 F10 FUNCTIONAL AREA PLAN

|  PROFESSIONAL ENGINEER STATE OF LOUISIANA NO. 12345 EXPIRES 12/31/2024 | MOHAWK VALLEY HEALTH SYSTEM CON - SD SUBMITTAL (PROJECT NAME) | 7F10 ROOF FUNCTIONAL AREA PLAN PROJECT NO. 04000 | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NO.</th> <th>DATE</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>11/20/2023</td> <td>ISSUED FOR PERMIT</td> </tr> <tr> <td>2</td> <td>11/20/2023</td> <td>ISSUED FOR PERMIT</td> </tr> <tr> <td>3</td> <td>11/20/2023</td> <td>ISSUED FOR PERMIT</td> </tr> <tr> <td>4</td> <td>11/20/2023</td> <td>ISSUED FOR PERMIT</td> </tr> <tr> <td>5</td> <td>11/20/2023</td> <td>ISSUED FOR PERMIT</td> </tr> <tr> <td>6</td> <td>11/20/2023</td> <td>ISSUED FOR PERMIT</td> </tr> <tr> <td>7</td> <td>11/20/2023</td> <td>ISSUED FOR PERMIT</td> </tr> <tr> <td>8</td> <td>11/20/2023</td> <td>ISSUED FOR PERMIT</td> </tr> <tr> <td>9</td> <td>11/20/2023</td> <td>ISSUED FOR PERMIT</td> </tr> <tr> <td>10</td> <td>11/20/2023</td> <td>ISSUED FOR PERMIT</td> </tr> </tbody> </table> | NO. | DATE | DESCRIPTION | 1 | 11/20/2023 | ISSUED FOR PERMIT | 2 | 11/20/2023 | ISSUED FOR PERMIT | 3 | 11/20/2023 | ISSUED FOR PERMIT | 4 | 11/20/2023 | ISSUED FOR PERMIT | 5 | 11/20/2023 | ISSUED FOR PERMIT | 6 | 11/20/2023 | ISSUED FOR PERMIT | 7 | 11/20/2023 | ISSUED FOR PERMIT | 8 | 11/20/2023 | ISSUED FOR PERMIT | 9 | 11/20/2023 | ISSUED FOR PERMIT | 10 | 11/20/2023 | ISSUED FOR PERMIT |
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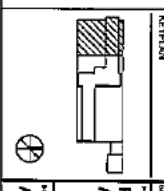
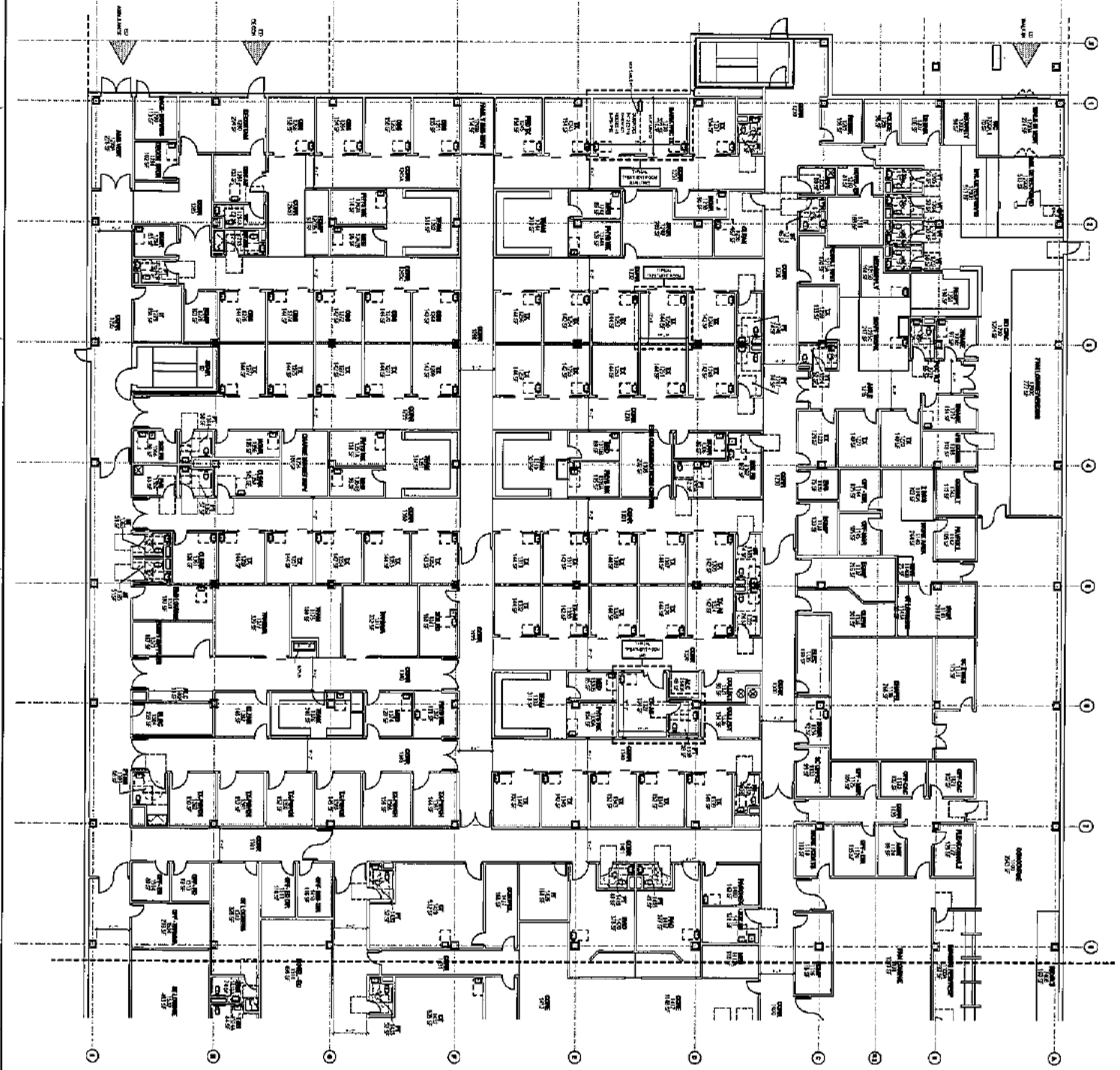


 REVISION PLAN

MOHAWK VALLEY HEALTH SYSTEM
CON - 8D
SUMMITAL

2014 APRIL 23 AM 10:00
 2014 APRIL 23 AM 10:00
 2014 APRIL 23 AM 10:00

OVERALL & CEP FLOOR PLANS
 AE101



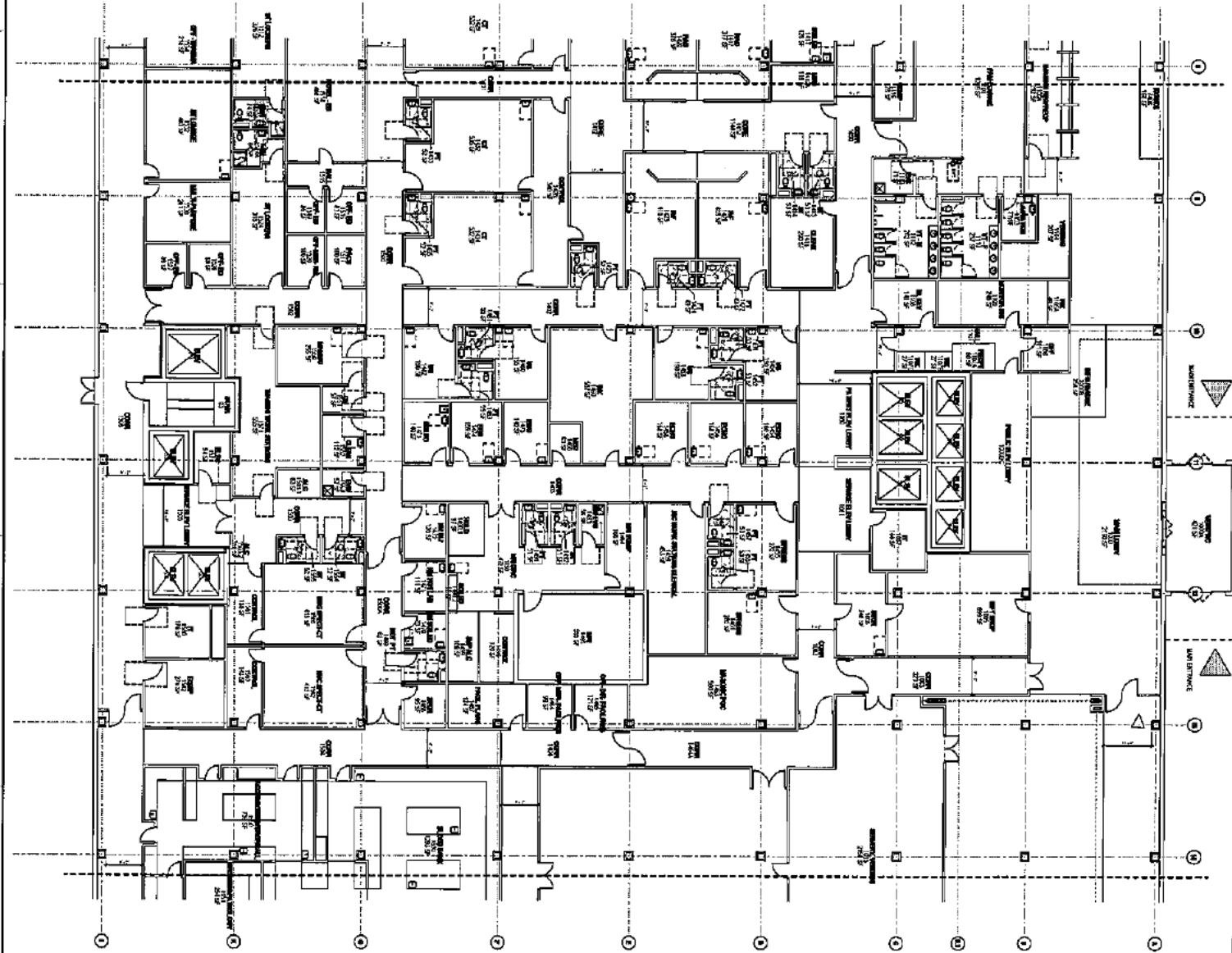
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| CHECKED BY | |
| APPROVED BY | |



MOHAWK VALLEY HEALTH SYSTEM
 CON - SD
 SUBMITTAL
 EXHIBIT LIST



Abbey
 DESIGN GROUP
 200 N. STATE ST. STE. 100
 ALBANY, NY 12207



mbbj
 2021 WEST 25TH STREET, SUITE 200
 DENVER, CO 80202
 (303) 733-1111
 www.mbbj.com



**MOHAWK VALLEY
 HEALTH SYSTEM**

**CON - SD
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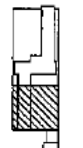
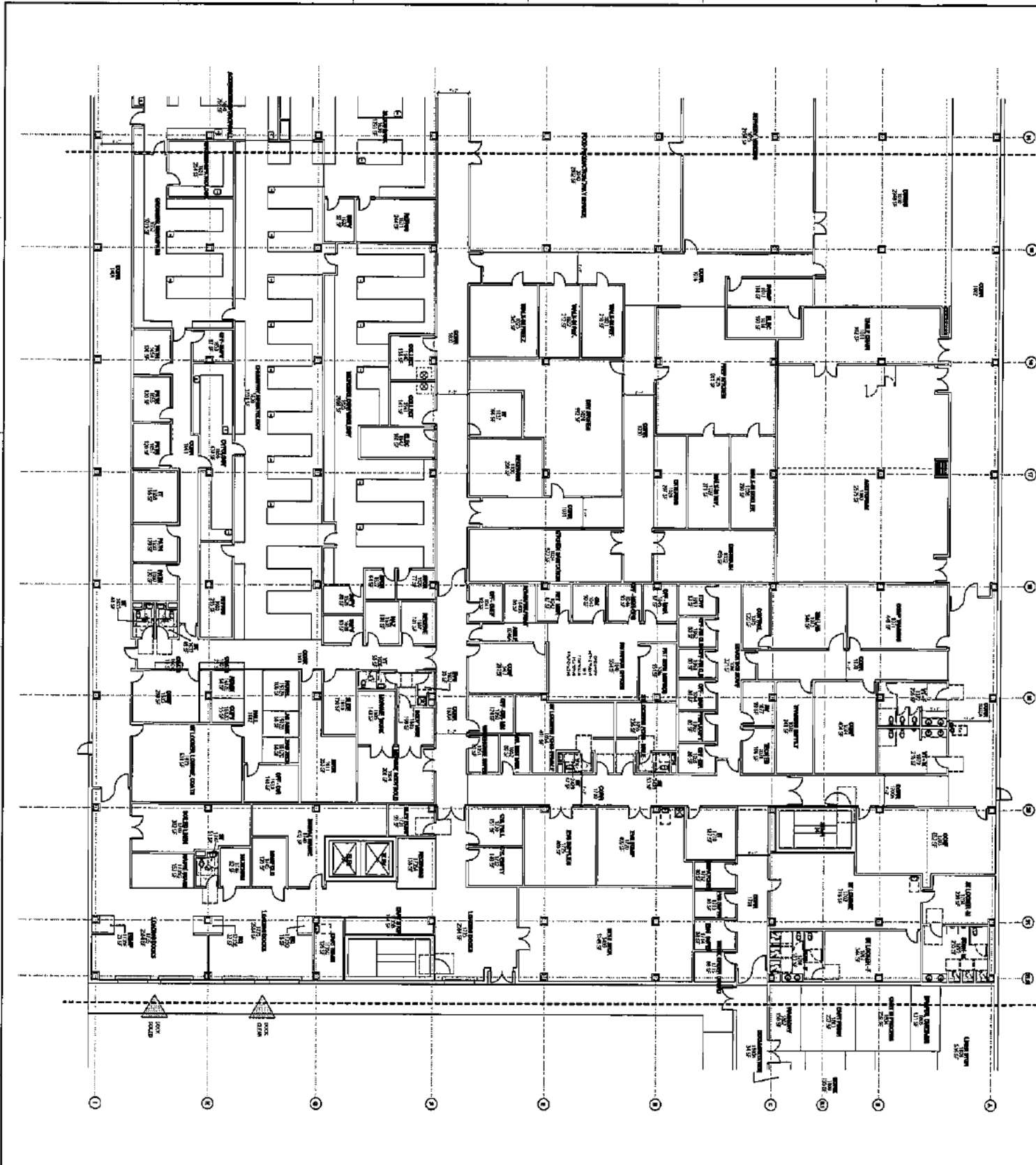
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| 72 | 11/15/2024 | REVISIONS |
| 73 | 12/15/2024 | REVISIONS |
| 74 | 01/15/2025 | REVISIONS |
| 75 | 02/15/2025 | REVISIONS |
| 76 | 03/15/2025 | REVISIONS |
| 77 | 04/15/2025 | REVISIONS |
| 78 | 05/15/2025 | REVISIONS |
| 79 | 06/15/2025 | REVISIONS |
| 80 | 07/15/2025 | REVISIONS |
| 81 | 08/15/2025 | REVISIONS |
| 82 | 09/15/2025 | REVISIONS |
| 83 | 10/15/2025 | REVISIONS |
| 84 | 11/15/2025 | REVISIONS |
| 85 | 12/15/2025 | REVISIONS |
| 86 | 01/15/2026 | REVISIONS |
| 87 | 02/15/2026 | REVISIONS |
| 88 | 03/15/2026 | REVISIONS |
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| 92 | 07/15/2026 | REVISIONS |
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| 96 | 11/15/2026 | REVISIONS |
| 97 | 12/15/2026 | REVISIONS |
| 98 | 01/15/2027 | REVISIONS |
| 99 | 02/15/2027 | REVISIONS |
| 100 | 03/15/2027 | REVISIONS |

**F1 FLOOR PLAN -
 AREAS B**

AE101-B



REVISION



REVISIONS

| NO. | DATE | DESCRIPTION |
|-----|----------|--------------------|
| 1 | 10/11/11 | ISSUED FOR PERMITS |
| 2 | 10/11/11 | ISSUED FOR PERMITS |
| 3 | 10/11/11 | ISSUED FOR PERMITS |
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| 8 | 10/11/11 | ISSUED FOR PERMITS |
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| 10 | 10/11/11 | ISSUED FOR PERMITS |

CON - SD
SUBMITTAL
REVISION 1.001

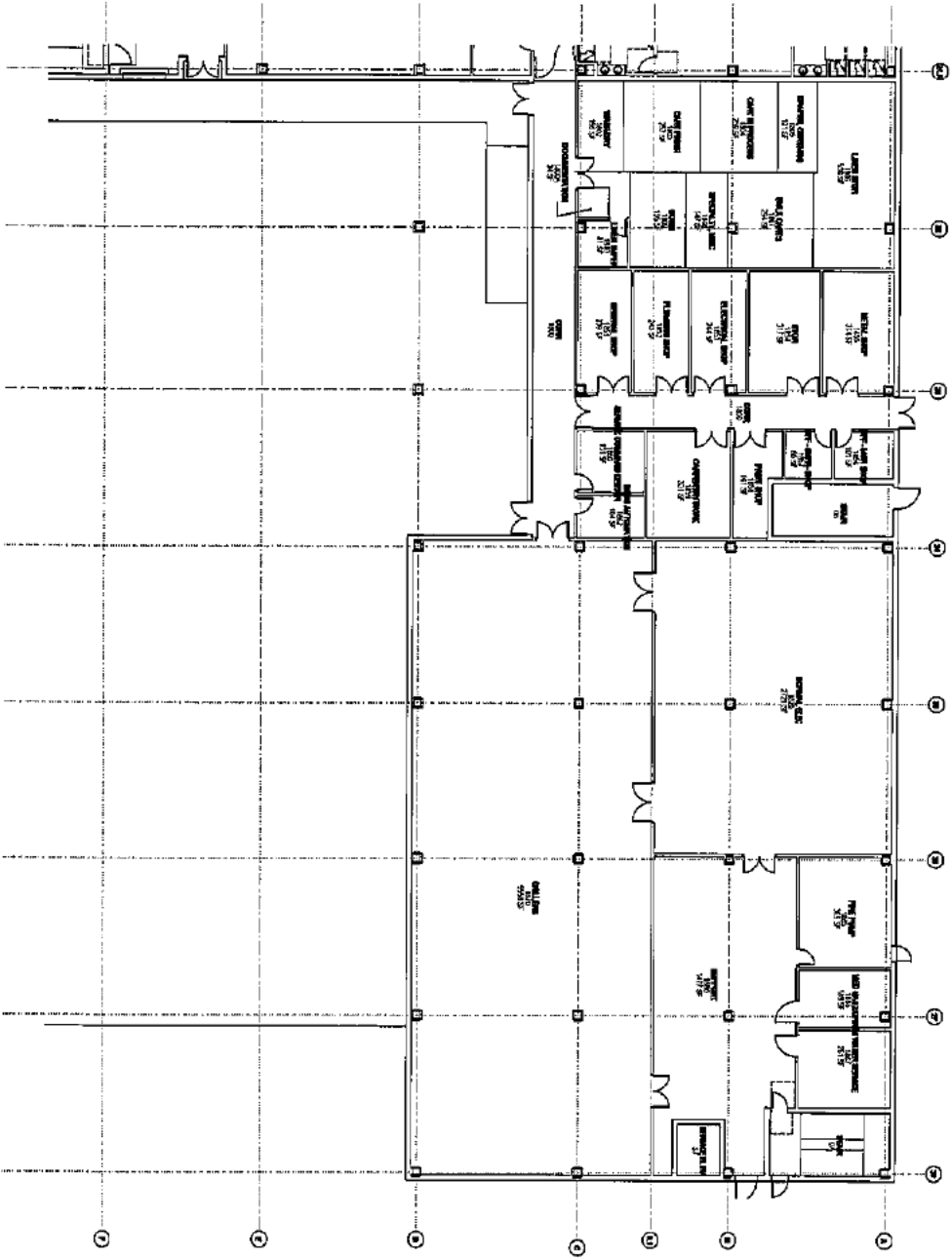
MOHAWK VALLEY
HEALTH SYSTEM



DATE: 10/11/11
DRAWN BY: [Name]
CHECKED BY: [Name]
PROJECT: [Name]

mbj
30 S. BROAD STREET, SUITE 300
NEW YORK, NY 10038
PHONE: (212) 360-1111
WWW.MBJARCHITECTS.COM

1st FLOOR PLAN -
AREA C
A/E/D/C



mbj
 200 SANDY HOLLOW BLVD
 CANTON, NY 13732
 TEL: 518-537-7333
 FAX: 518-537-7334
 WWW.MBJARCHITECTS.COM



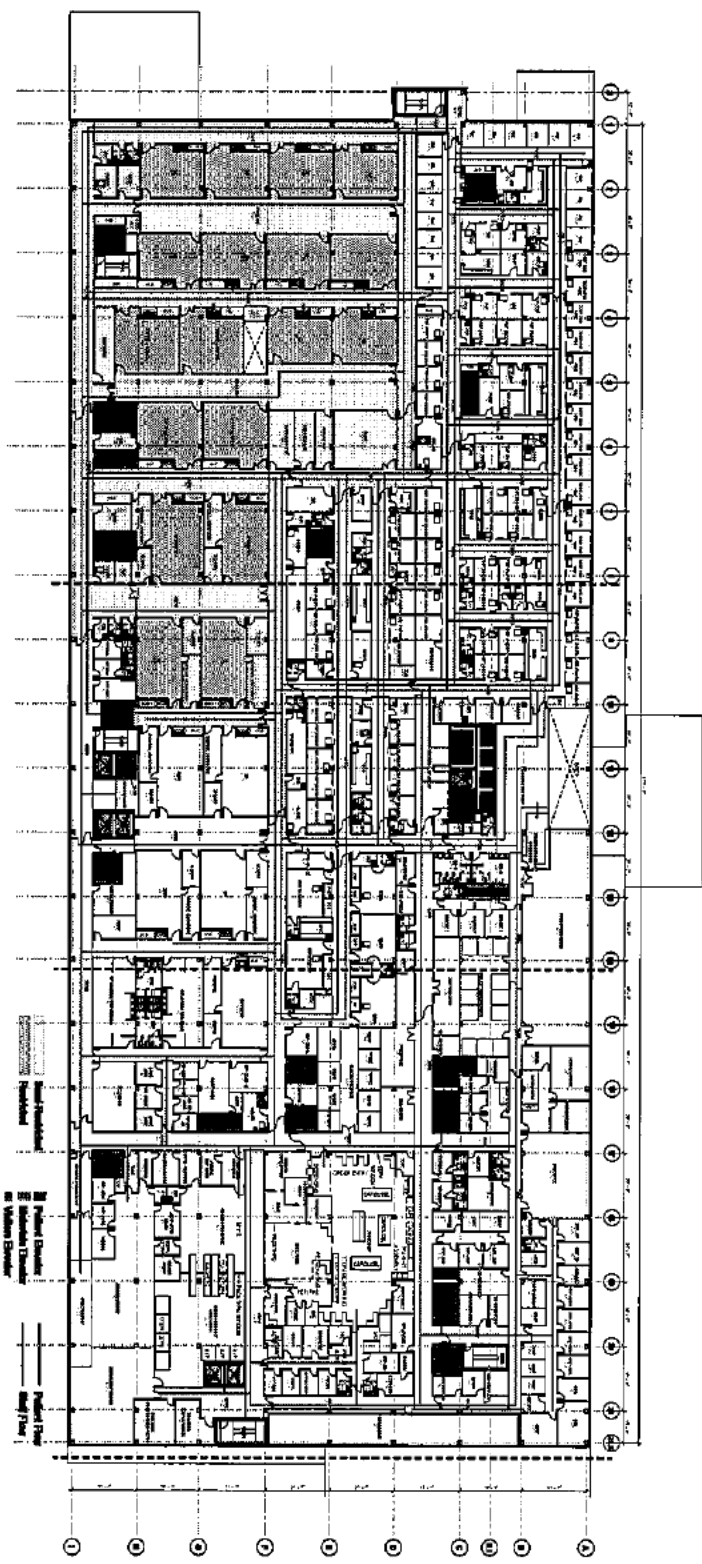
MOHAWK VALLEY
 HEALTH SYSTEM

COM - SD
 SUBMITTAL
 PRELIMINARY SHEET

| NO. | DATE | REVISION |
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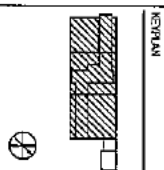
FL FLOOR PLAN -
 AREA D

AE10140



1 FLOOR PLAN

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| 2 | ISSUED FOR CONSTRUCTION | 10/15/11 | AK/12 |
| 3 | ISSUED FOR AS-BUILT | 10/15/11 | AK/12 |
| 4 | ISSUED FOR RECORDS | 10/15/11 | AK/12 |
| 5 | ISSUED FOR ARCHIVE | 10/15/11 | AK/12 |
| 6 | ISSUED FOR LEGAL | 10/15/11 | AK/12 |
| 7 | ISSUED FOR OTHER | 10/15/11 | AK/12 |
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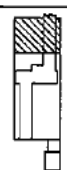
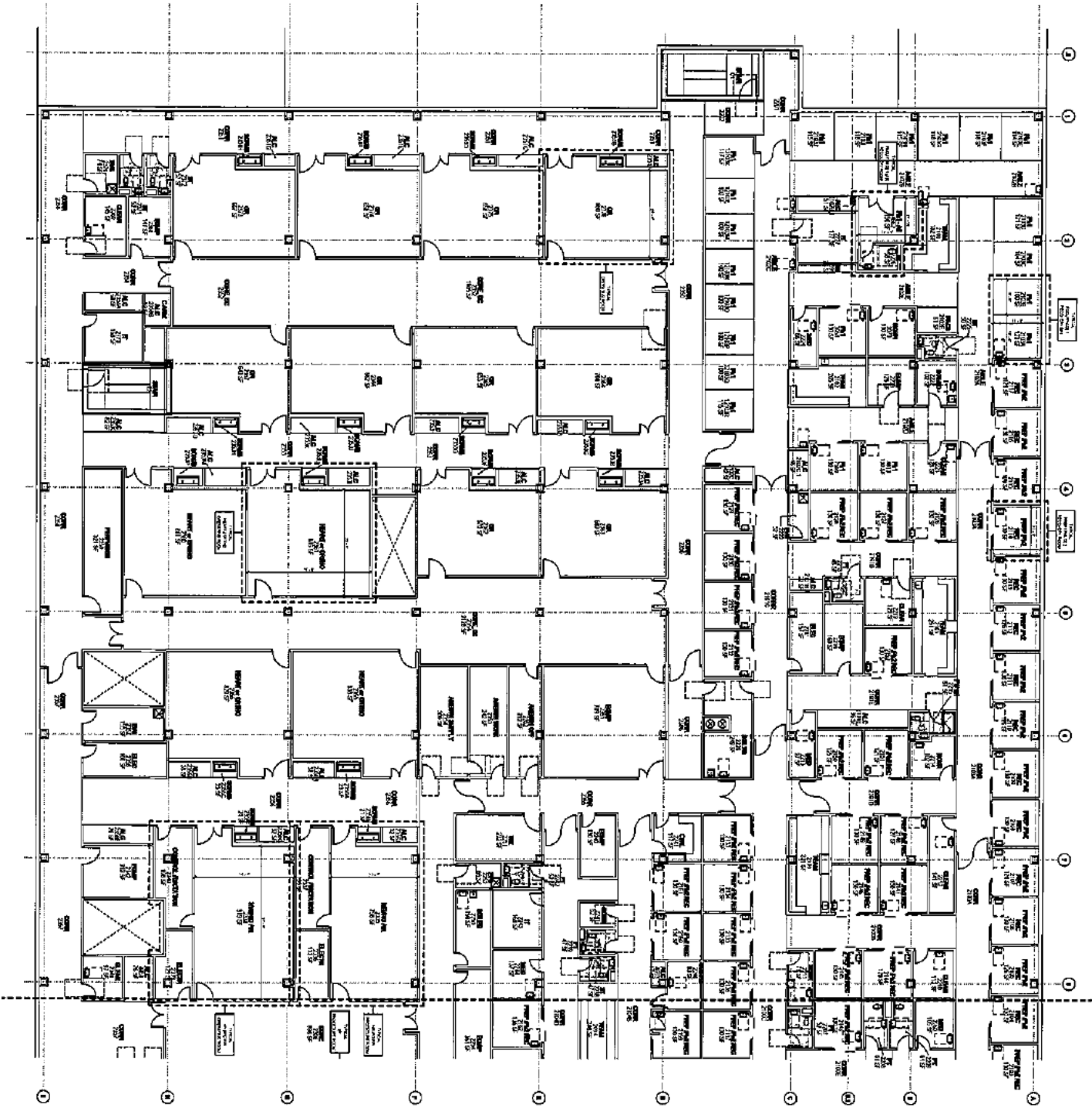
F2 OVERALL FLOOR PLAN

AK/12



MOHAWK VALLEY HEALTH SYSTEM

COM - SD SUBMITTAL



SECTION

F2 FLOOR PLAN - AREA A

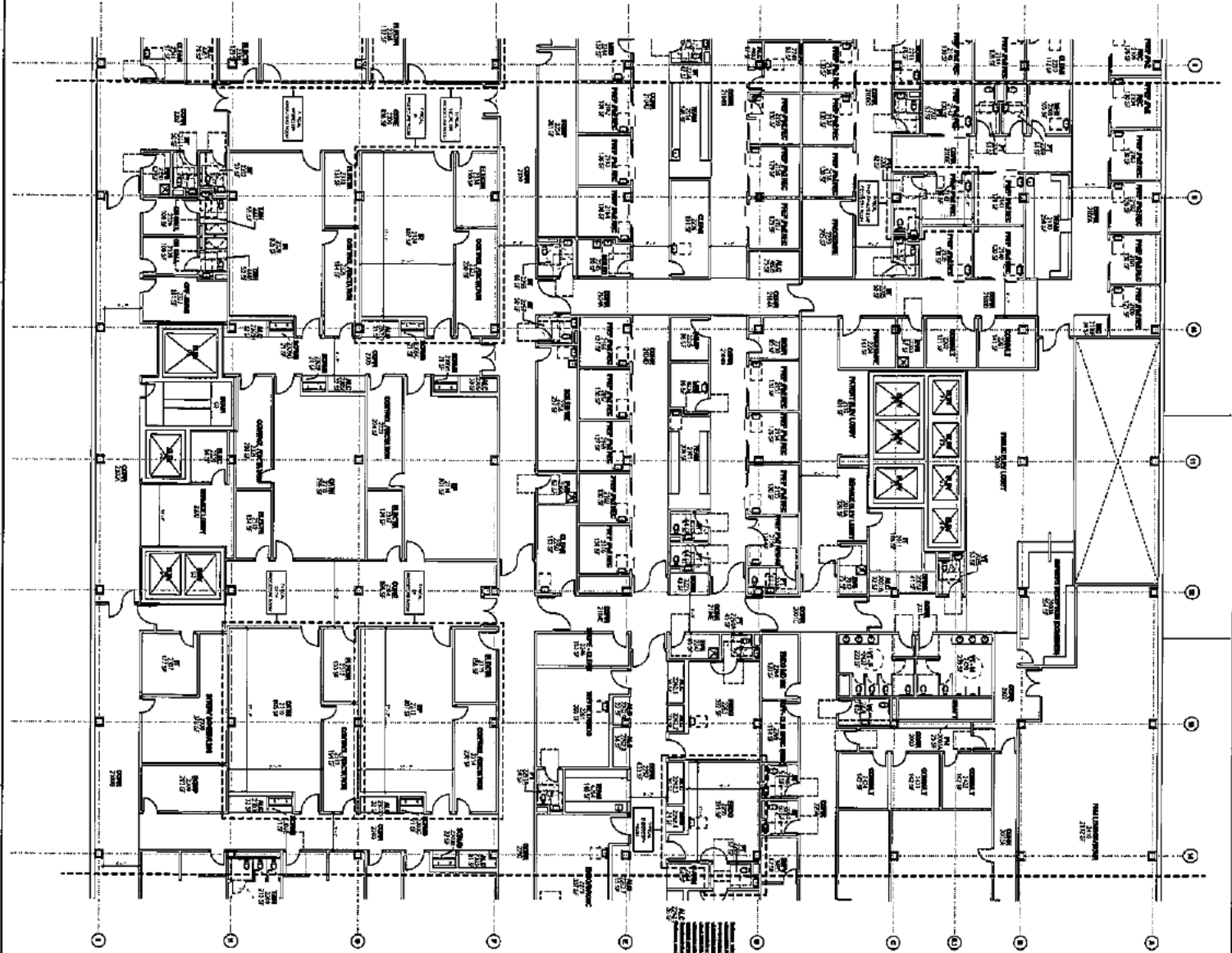
| NO. | REVISION | DATE | BY | CHKD |
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COM - SD
SUBMITTAL
PROJECT NO. 15000001

**MOHAWK VALLEY
HEALTH SYSTEM**



nbbj
580 S. HIGH STREET, SUITE 200
MOUNTAIN VIEW, CO 80150
TEL: 303.469.2000
WWW.NBBJ.COM



1. ALL ROOMS SHALL BE FINISHED WITH 1/2" GYP BOARD.
 2. ALL WALLS SHALL BE FINISHED WITH 1/2" GYP BOARD.
 3. ALL FLOORS SHALL BE FINISHED WITH 1/2" GYP BOARD.
 4. ALL CEILING SHALL BE FINISHED WITH 1/2" GYP BOARD.
 5. ALL DOORS SHALL BE FINISHED WITH 1/2" GYP BOARD.
 6. ALL WINDOWS SHALL BE FINISHED WITH 1/2" GYP BOARD.
 7. ALL STAIRS SHALL BE FINISHED WITH 1/2" GYP BOARD.
 8. ALL ELEVATORS SHALL BE FINISHED WITH 1/2" GYP BOARD.
 9. ALL RESTROOMS SHALL BE FINISHED WITH 1/2" GYP BOARD.
 10. ALL MEETING ROOMS SHALL BE FINISHED WITH 1/2" GYP BOARD.

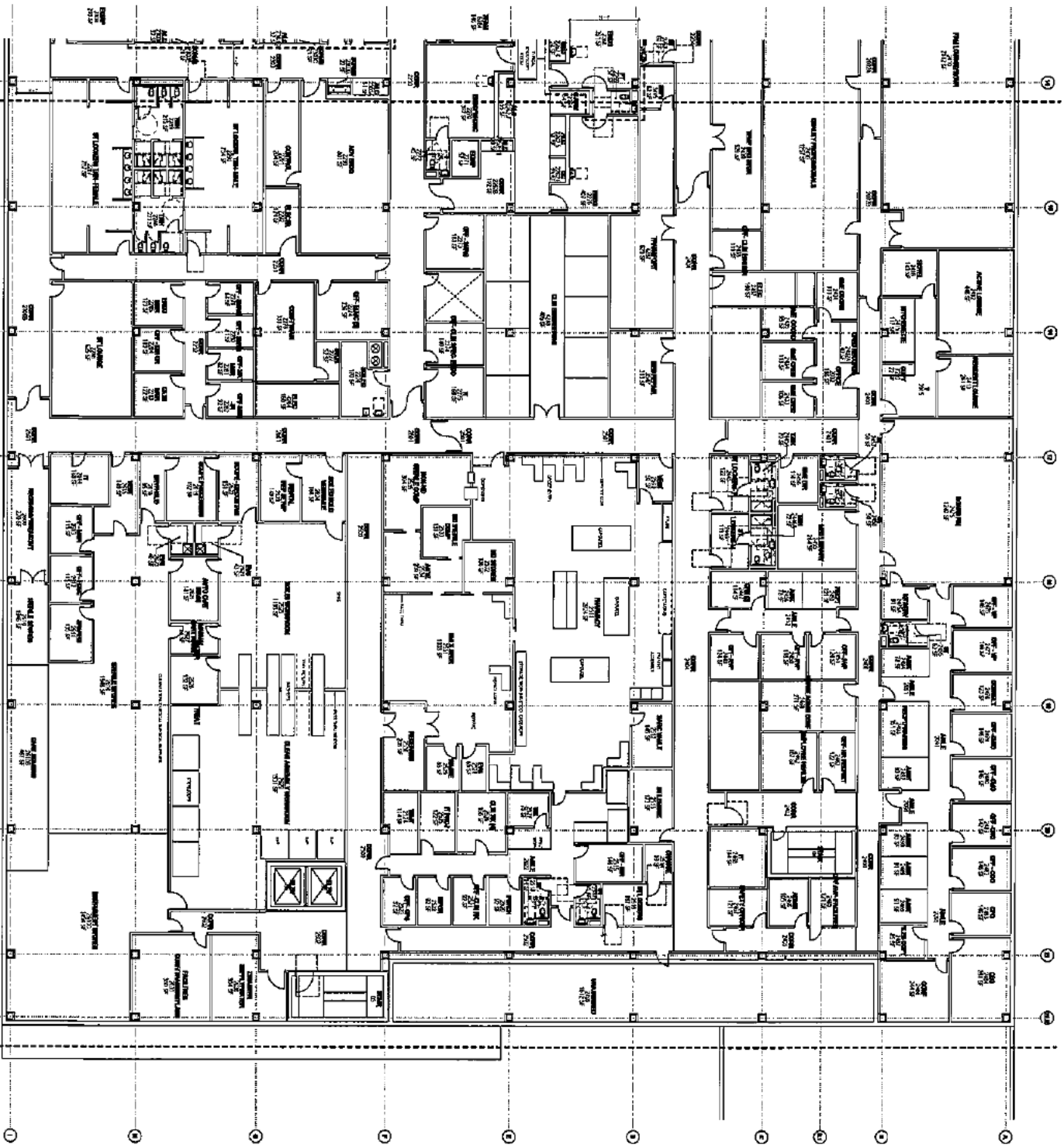


**MOLANK VALLEY
 HEALTH SYSTEM**

**CON - SD
 SUBMITTAL**

| NO. | REVISION | DATE |
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| 2 | ISSUED FOR PERMIT | 08/15/11 |
| 3 | ISSUED FOR PERMIT | 08/15/11 |
| 4 | ISSUED FOR PERMIT | 08/15/11 |
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| 8 | ISSUED FOR PERMIT | 08/15/11 |
| 9 | ISSUED FOR PERMIT | 08/15/11 |
| 10 | ISSUED FOR PERMIT | 08/15/11 |





mbj
 251 WEST STREET, SUITE 200
 ROCK HILL, SOUTH CAROLINA 29730
 TEL: 803.782.8800
 FAX: 803.782.8801
 www.mbj.com



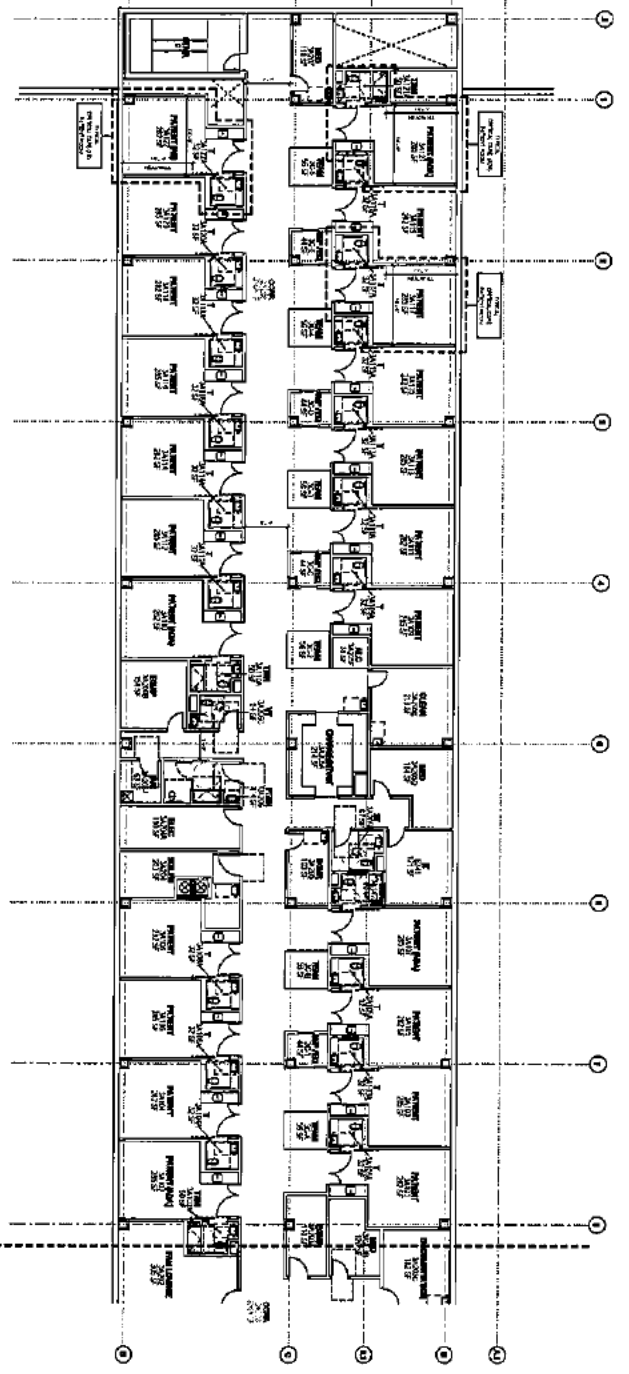
MOHAWK VALLEY HEALTH SYSTEM

CON - S0 SUBMITTAL

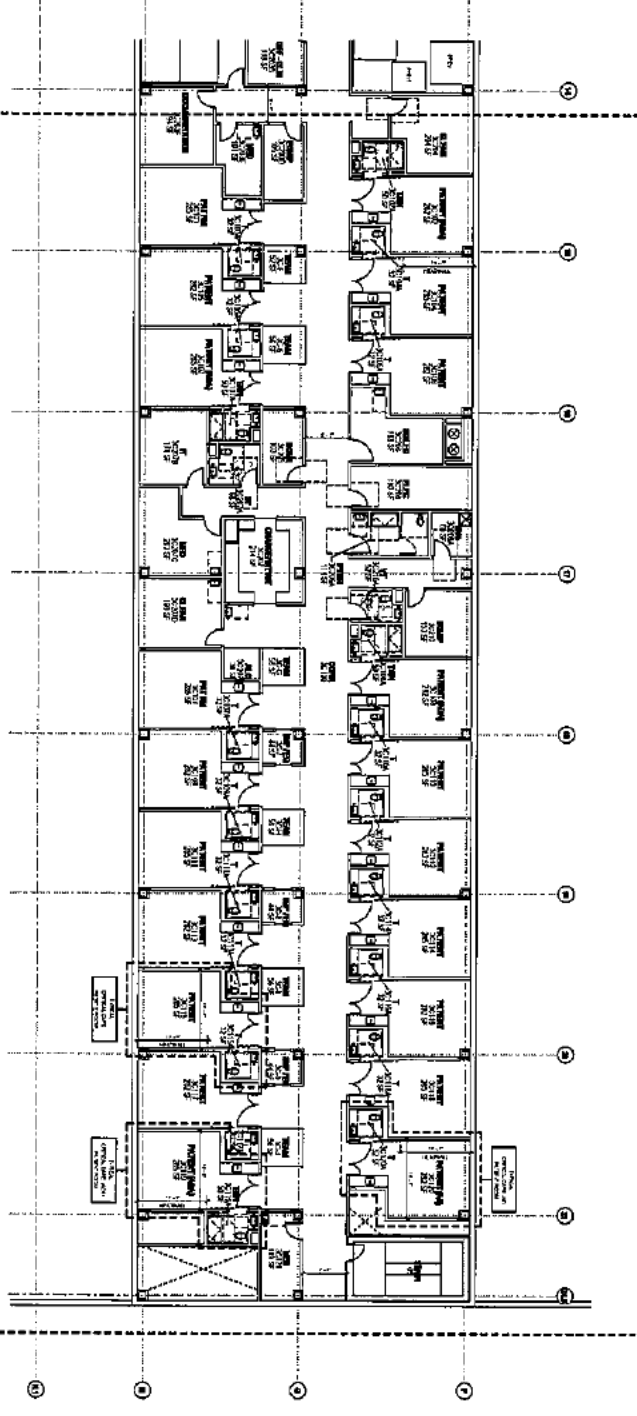
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| 7 | 06/01/12 | ISSUED FOR PERMIT |
| 8 | 07/01/12 | ISSUED FOR PERMIT |
| 9 | 08/01/12 | ISSUED FOR PERMIT |
| 10 | 09/01/12 | ISSUED FOR PERMIT |
| 11 | 10/01/12 | ISSUED FOR PERMIT |
| 12 | 11/01/12 | ISSUED FOR PERMIT |

P2 FLOOR PLAN - AREA C

DATE: 12/15/11
 DRAWN BY: AEI/DC



1 B3 AREA A



2 B3 AREA C

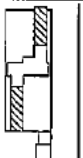
nbbj
 NATIONAL BUILDING BUREAU OF JAPAN
 1000 L STREET, SUITE 300
 WASHINGTON, DC 20004
 TEL: 202-775-1000
 FAX: 202-775-1001
 WWW.NBBJ.COM



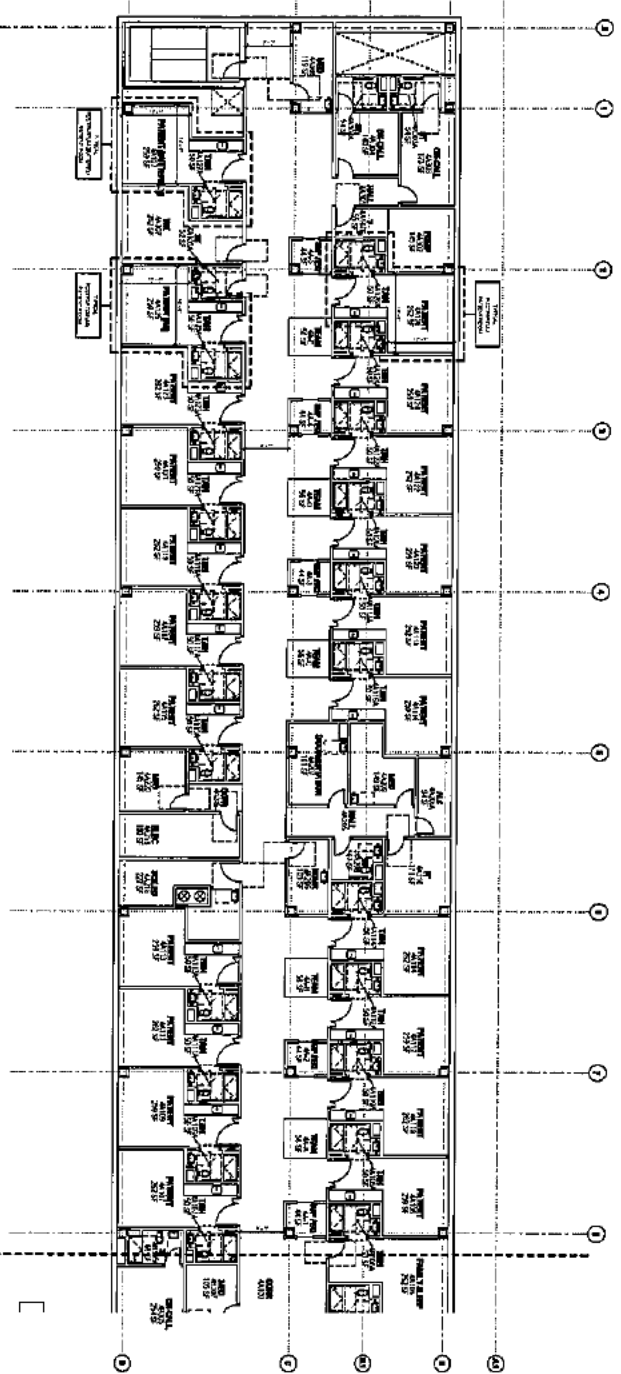
**MOHAWK VALLEY
 HEALTH SYSTEM**

CON - SD
 SUBMITTAL
 PROJECT NO. 10000000

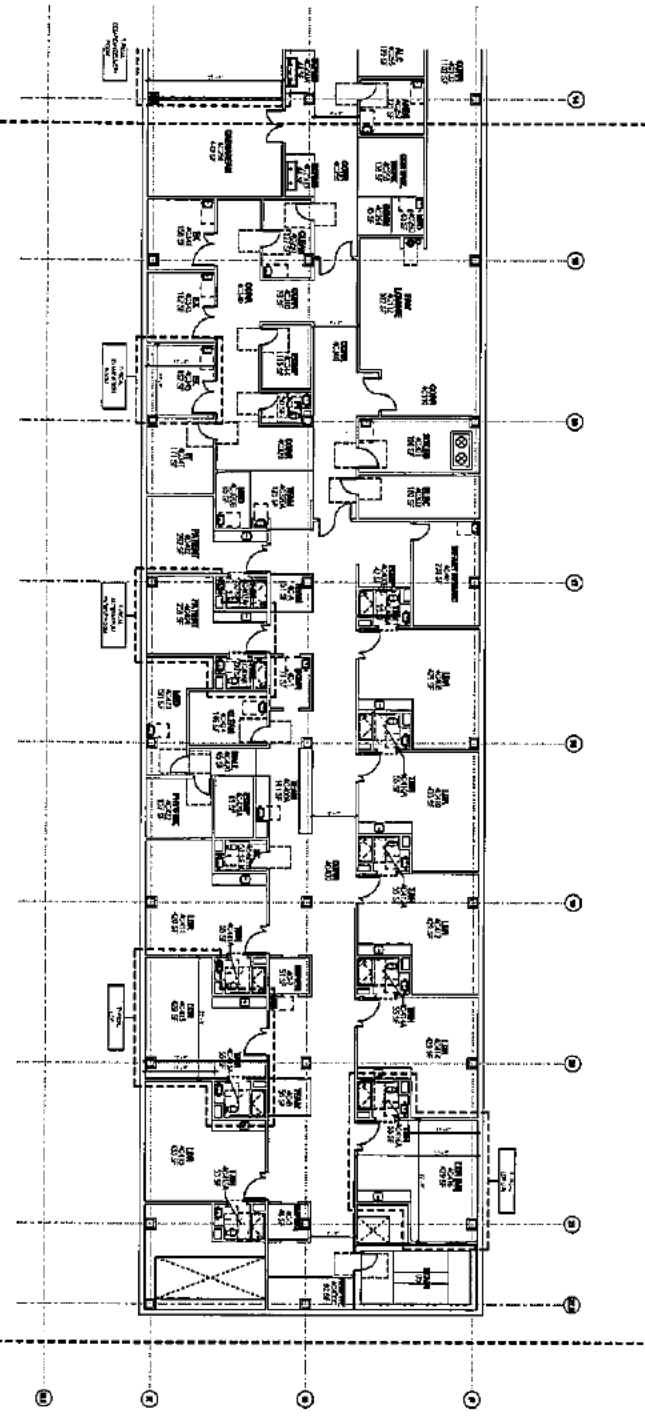
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| 10 | ISSUE FOR PERMIT | 09/10/10 |
| 11 | ISSUE FOR PERMIT | 09/10/10 |
| 12 | ISSUE FOR PERMIT | 09/10/10 |



PERMIT
 AESTC-AC



1 F4-AREA A



2 F4-AREA C



DETAIL

mbbj
 745 S. 401 STREET STE 100
 OMAHA, NE 68105
 (402) 421-1111
 www.mbbj.com



**MOYHAWK VALLEY
 HEALTH SYSTEM**

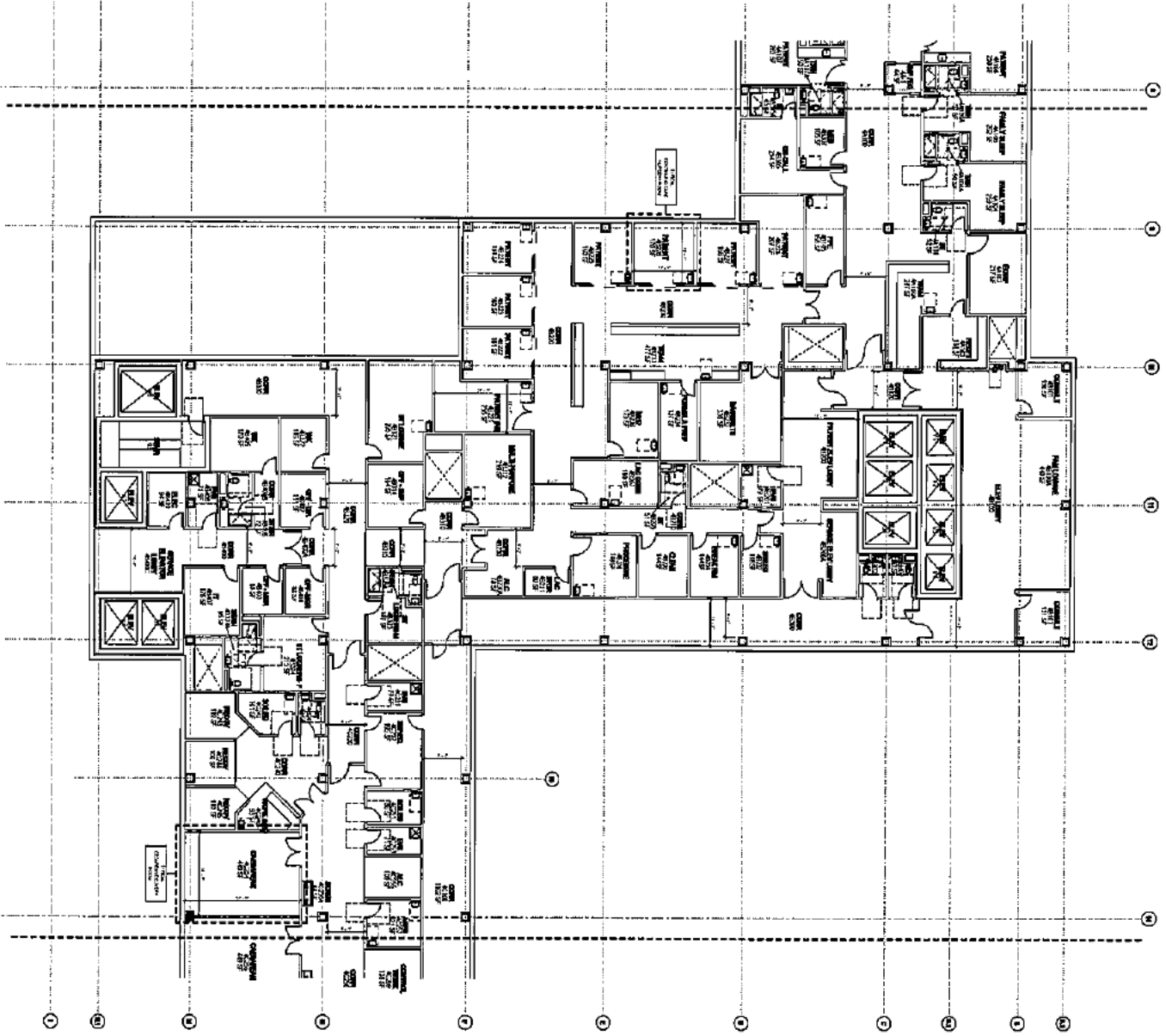
CON - SD
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 10/11/2011

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| 19 | 10/11/2011 | ISSUED FOR PERMIT |
| 20 | 10/11/2011 | ISSUED FOR PERMIT |

F4 FLOOR PLAN -
 AREA A & C

AEI/MAJ

1 F4-AREA B



REPLAN

F4 FLOOR PLAN - AREA B

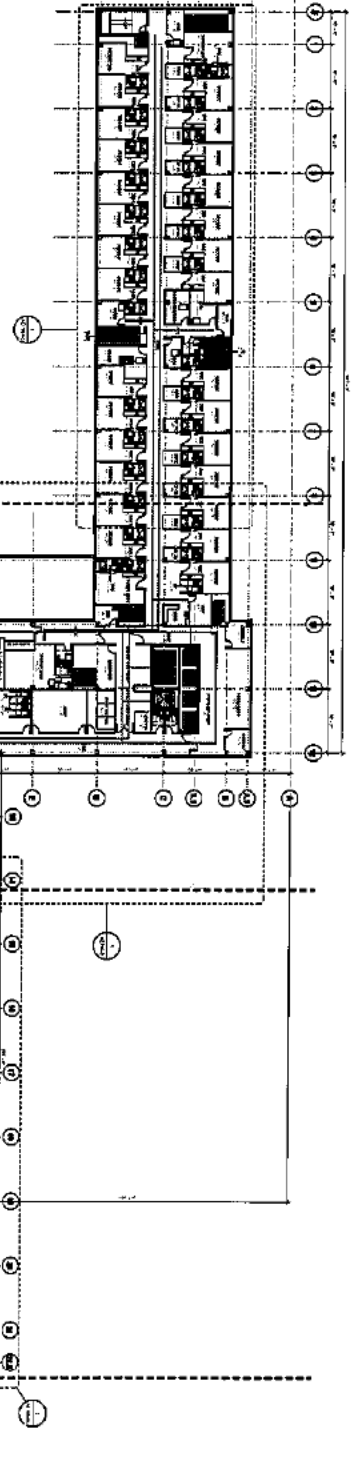
AE104B

MOHAWK VALLEY HEALTH SYSTEM

CON - SD SUBMITTAL

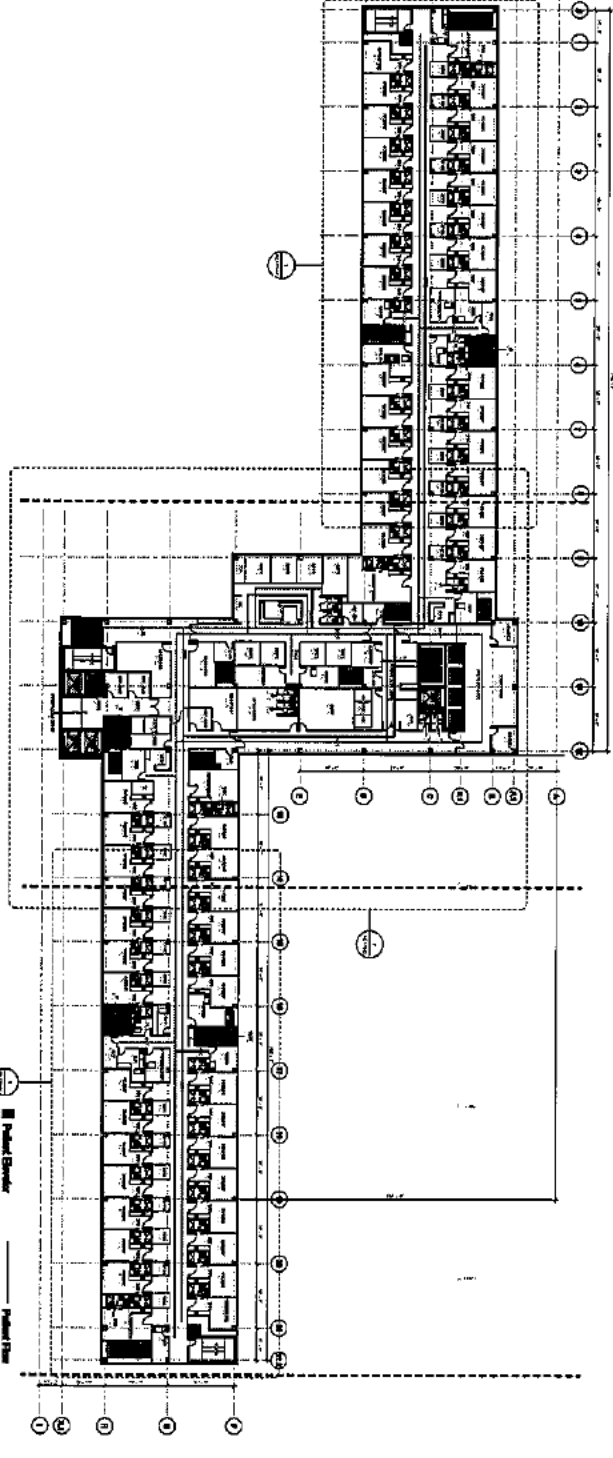


nbbj
 29 E. ROCK STREET, SUITE 300
 NEWARK, NJ 07102
 www.nbbj.com



2 F2 FLOOR PLAN

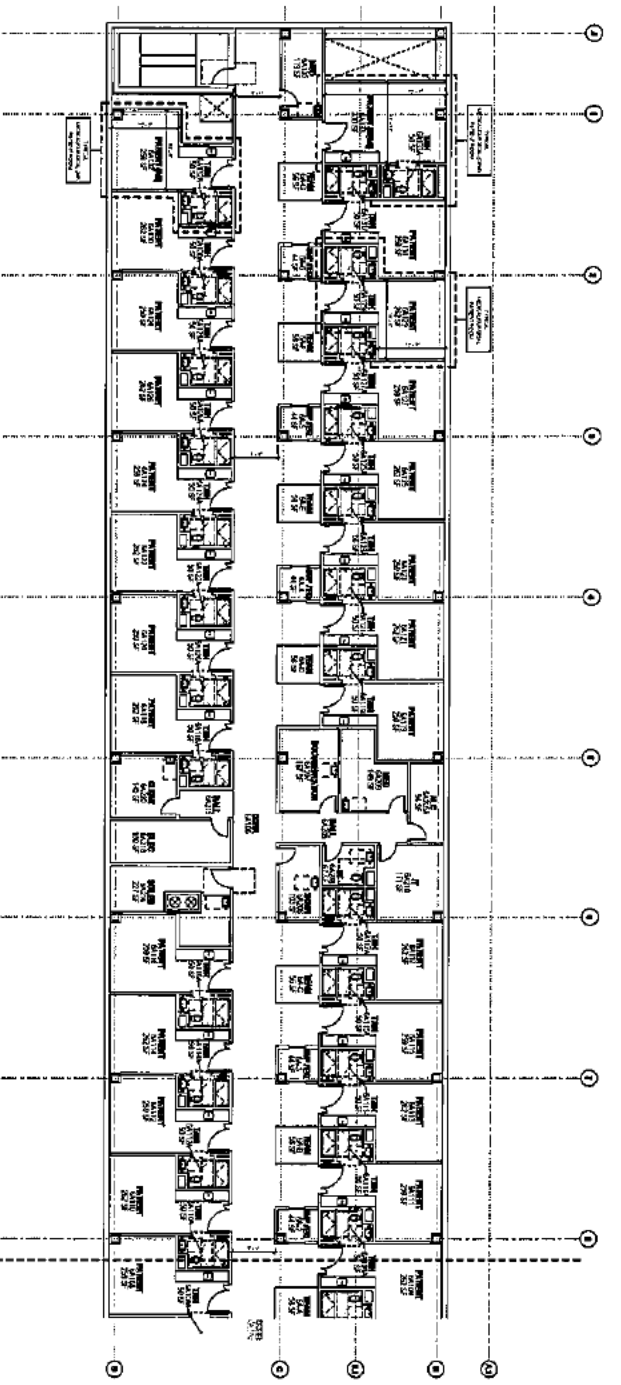
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| PROJECT NO. | CON - SD SUBMITTAL |
| DATE | 08/14/2014 |
| DESIGNER | MBBY |
| CHECKED BY | MBBY |
| DATE | 08/14/2014 |
| PROJECT LOCATION | MOHAWK VALLEY HEALTH SYSTEM |
| PROJECT NO. | CON - SD SUBMITTAL |
| DATE | 08/14/2014 |
| DESIGNER | MBBY |
| CHECKED BY | MBBY |
| DATE | 08/14/2014 |



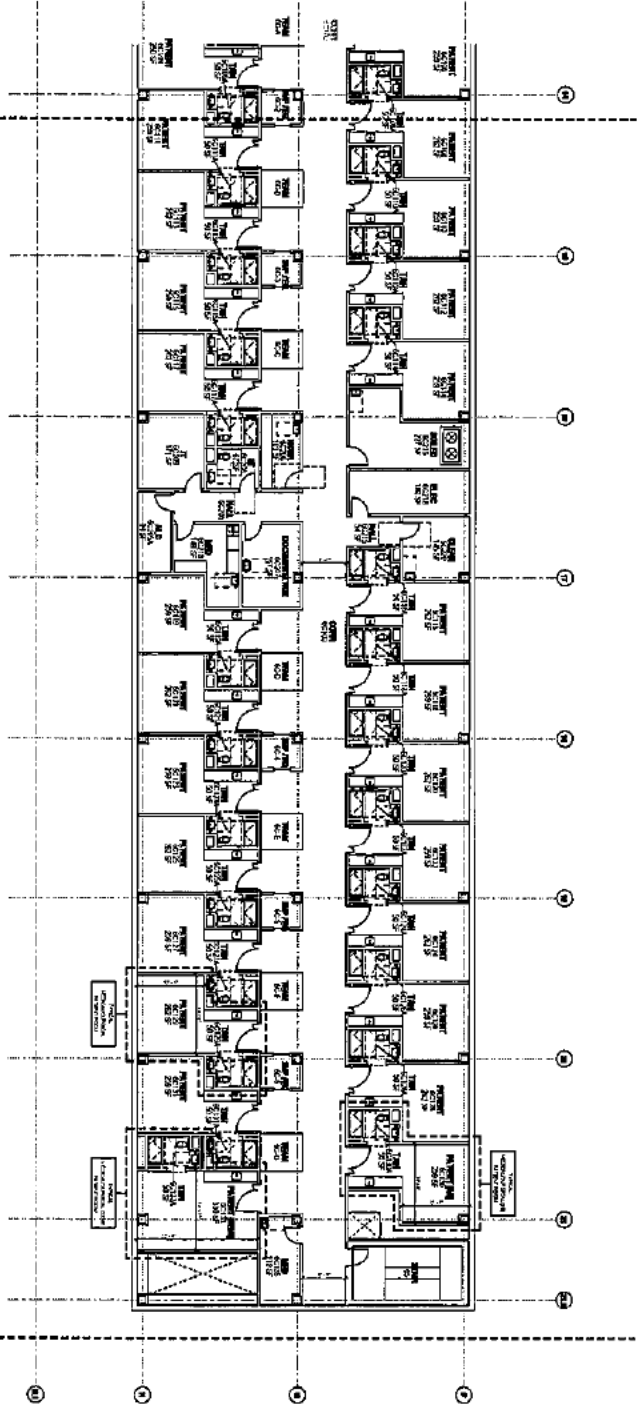
1 F5 FLOOR PLAN

| GENERAL INFORMATION | |
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| PROJECT NO. | CON - SD SUBMITTAL |
| DATE | 08/14/2014 |
| DESIGNER | MBBY |
| CHECKED BY | MBBY |
| DATE | 08/14/2014 |
| PROJECT LOCATION | MOHAWK VALLEY HEALTH SYSTEM |
| PROJECT NO. | CON - SD SUBMITTAL |
| DATE | 08/14/2014 |
| DESIGNER | MBBY |
| CHECKED BY | MBBY |
| DATE | 08/14/2014 |





1 FB-AREA A



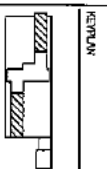
2 FB-AREA G



MORROW VALLEY
HEALTH SYSTEM

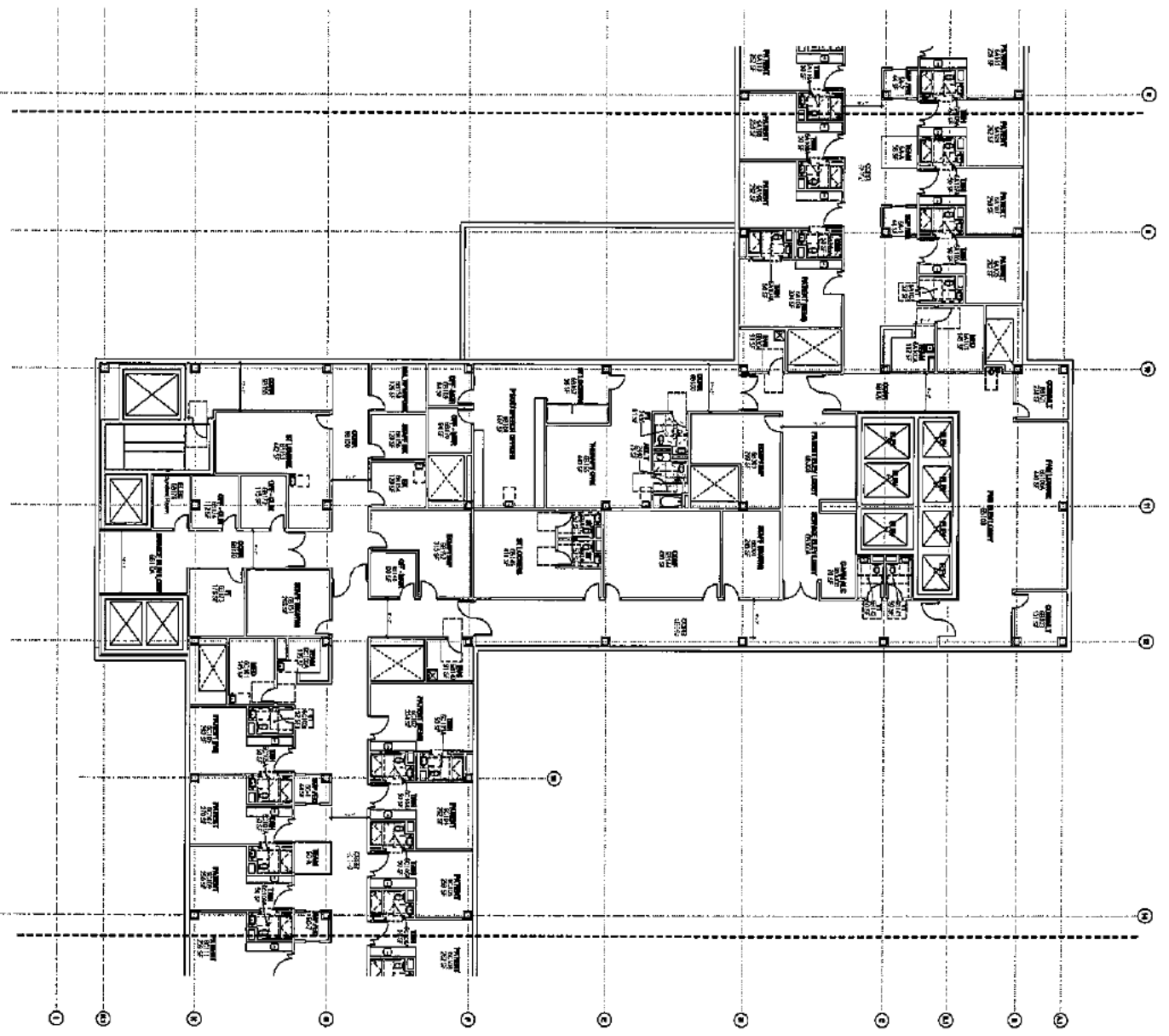
CON - SD
SUBMITTAL
REVISIONS LIST

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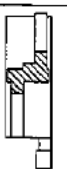


F8 FLOOR PLAN -
AREA A.G

DATE PLOTTED
AE108.AG



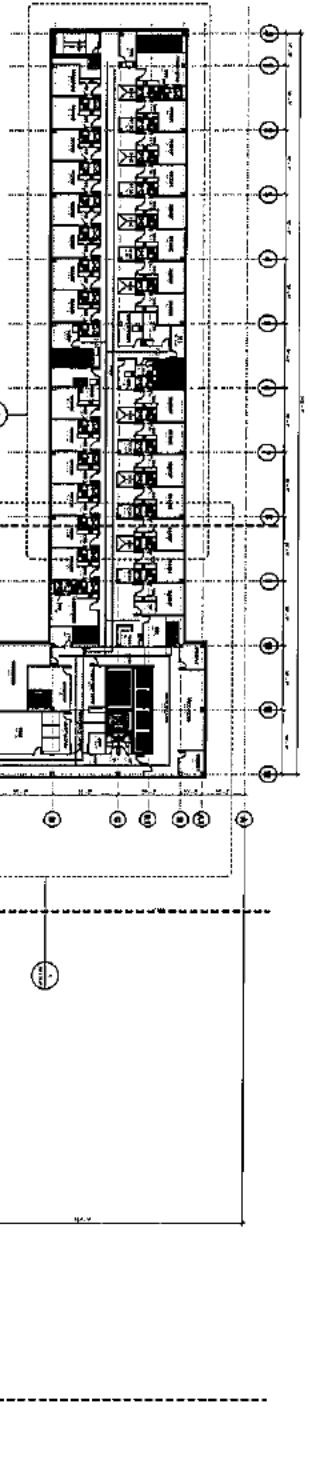
1 FB - AREA B



SECTION

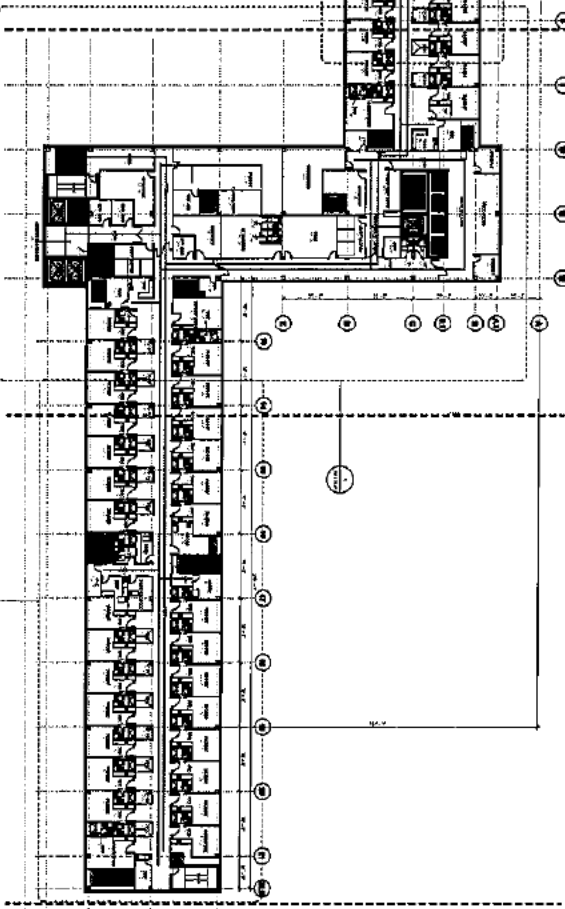


| | | | |
|--|--|---|--|
| 200 LAUREL STREET SUITE 300 BOSTON, MA 02114 TEL: 617.552.3300 FAX: 617.552.3301 WWW.MBJ.COM | | CON - SD SKETCH PRELIMINARY | MONKVALE VALLEY HEALTH SYSTEM |
| | | DATE: 11/15/11 DRAWN BY: [Name] CHECKED BY: [Name] PROJECT NO.: [Number] | F1 FLOOR PLAN - AREA B |

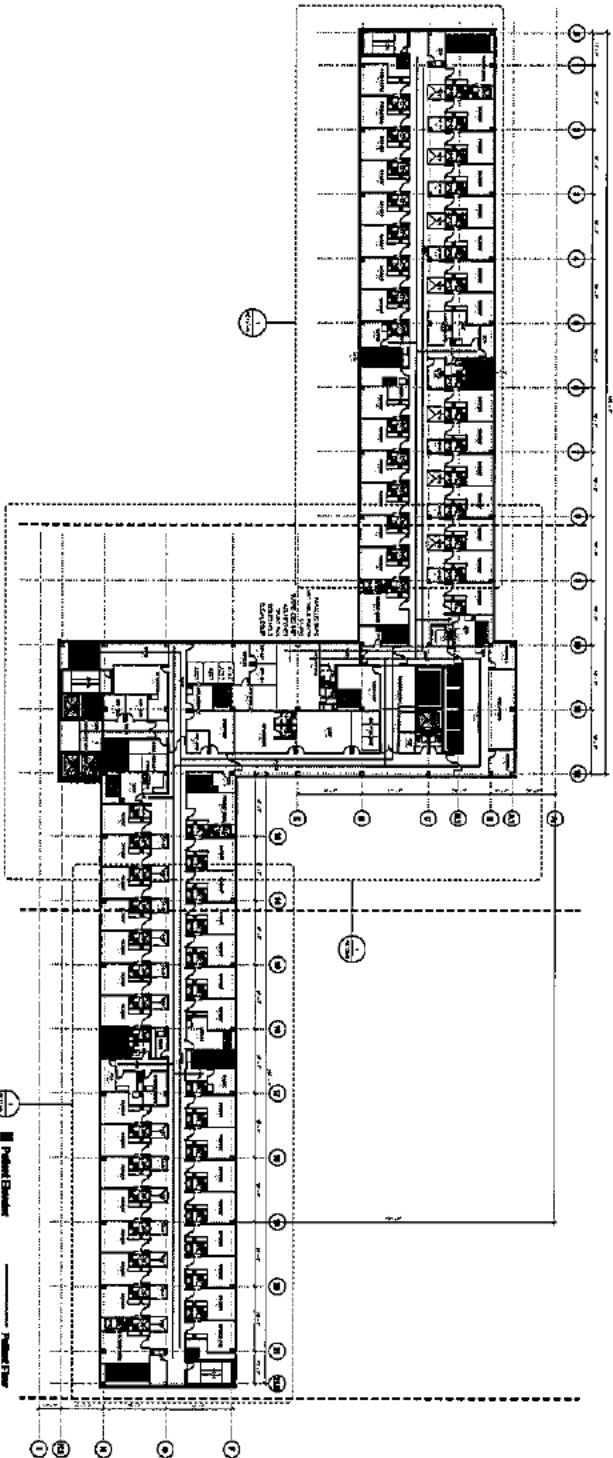


2 F7 FLOOR PLAN

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| 5 | ISSUED FOR FINAL | 12/15/17 |
| 6 | ISSUED FOR ARCHIVE | 01/15/18 |
| 7 | ISSUED FOR CLOSURE | 02/15/18 |
| 8 | ISSUED FOR DECOMMISSION | 03/15/18 |
| 9 | ISSUED FOR REMOVAL | 04/15/18 |
| 10 | ISSUED FOR RECONSTRUCTION | 05/15/18 |
| 11 | ISSUED FOR REPAIR | 06/15/18 |
| 12 | ISSUED FOR MAINTENANCE | 07/15/18 |
| 13 | ISSUED FOR INSPECTION | 08/15/18 |
| 14 | ISSUED FOR TESTING | 09/15/18 |
| 15 | ISSUED FOR CERTIFICATION | 10/15/18 |
| 16 | ISSUED FOR RECORDING | 11/15/18 |
| 17 | ISSUED FOR ARCHIVING | 12/15/18 |
| 18 | ISSUED FOR DESTRUCTION | 01/15/19 |
| 19 | ISSUED FOR REDEMPTION | 02/15/19 |
| 20 | ISSUED FOR REUSE | 03/15/19 |



Project Elevator
Existing Elevator
Structural Grid



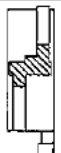
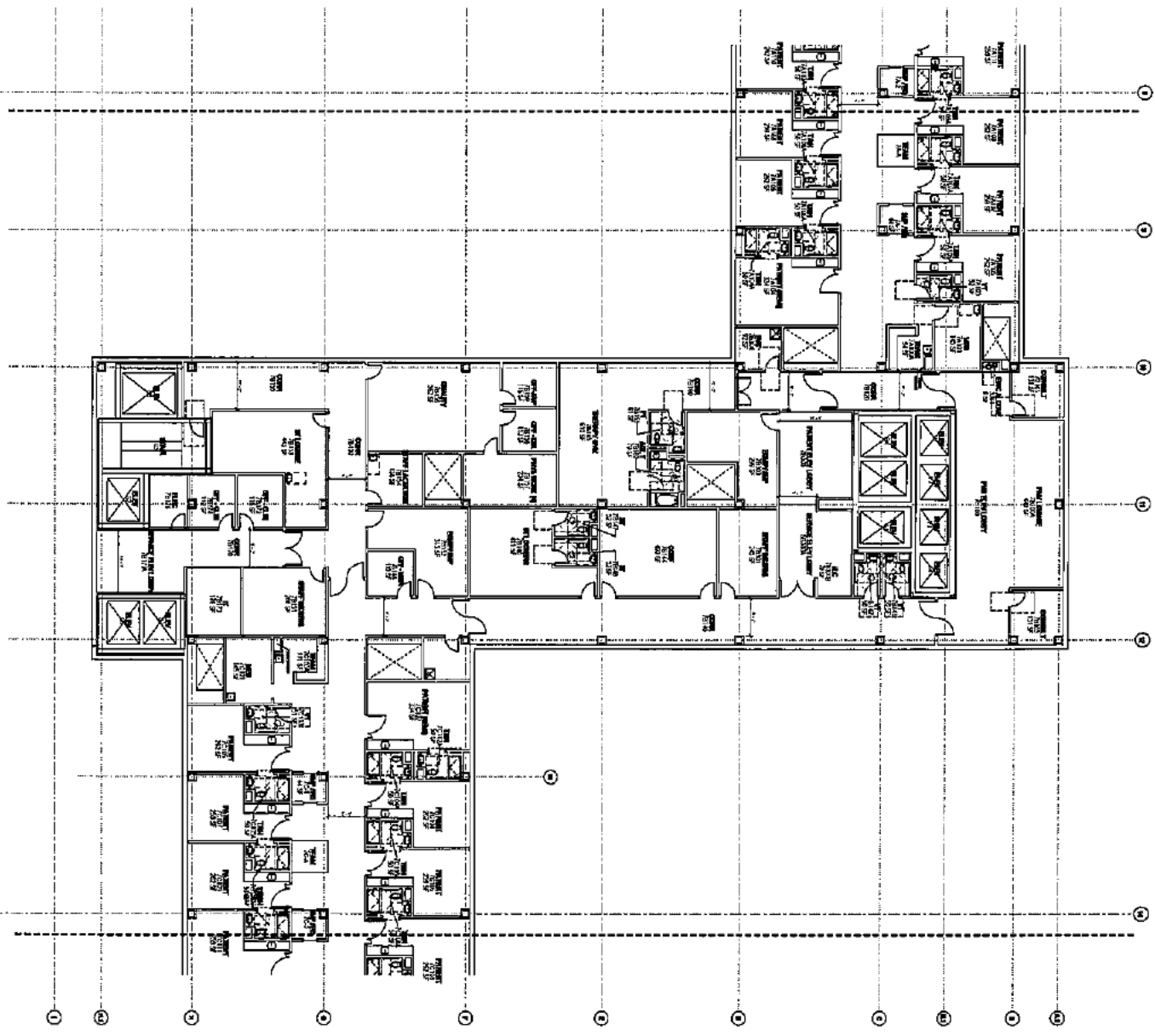
1 F7 FLOOR PLAN

Project Elevator
Existing Elevator
Structural Grid

| | | |
|-----|---------------------------|----------|
| NO. | DESCRIPTION | DATE |
| 1 | ISSUED FOR PERMIT | 08/15/17 |
| 2 | ISSUED FOR CONSTRUCTION | 09/15/17 |
| 3 | ISSUED FOR AS-BUILT | 10/15/17 |
| 4 | ISSUED FOR RECORD | 11/15/17 |
| 5 | ISSUED FOR FINAL | 12/15/17 |
| 6 | ISSUED FOR ARCHIVE | 01/15/18 |
| 7 | ISSUED FOR CLOSURE | 02/15/18 |
| 8 | ISSUED FOR DECOMMISSION | 03/15/18 |
| 9 | ISSUED FOR REMOVAL | 04/15/18 |
| 10 | ISSUED FOR RECONSTRUCTION | 05/15/18 |
| 11 | ISSUED FOR REPAIR | 06/15/18 |
| 12 | ISSUED FOR MAINTENANCE | 07/15/18 |
| 13 | ISSUED FOR INSPECTION | 08/15/18 |
| 14 | ISSUED FOR TESTING | 09/15/18 |
| 15 | ISSUED FOR CERTIFICATION | 10/15/18 |
| 16 | ISSUED FOR RECORDING | 11/15/18 |
| 17 | ISSUED FOR ARCHIVING | 12/15/18 |
| 18 | ISSUED FOR DESTRUCTION | 01/15/19 |
| 19 | ISSUED FOR REDEMPTION | 02/15/19 |
| 20 | ISSUED FOR REUSE | 03/15/19 |

DATE PLOTTED: 11/10/2010 10:52:17 AM

1 F7 - AREA B



SECTION



AE:07-B

F7 FLOOR PLAN - AREA B

DATE PLOTTED: 11/10/2010 10:52:17 AM

PROJECT: HONOLULU VALENTINE CENTER

DATE: 11/10/2010

BY: [Name]

CHECKED: [Name]

SCALE: 1/8" = 1'-0"

NO. 1

NO. 2

NO. 3

NO. 4

NO. 5

NO. 6

NO. 7

NO. 8

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NO. 75

NO. 76

NO. 77

NO. 78

NO. 79

NO. 80

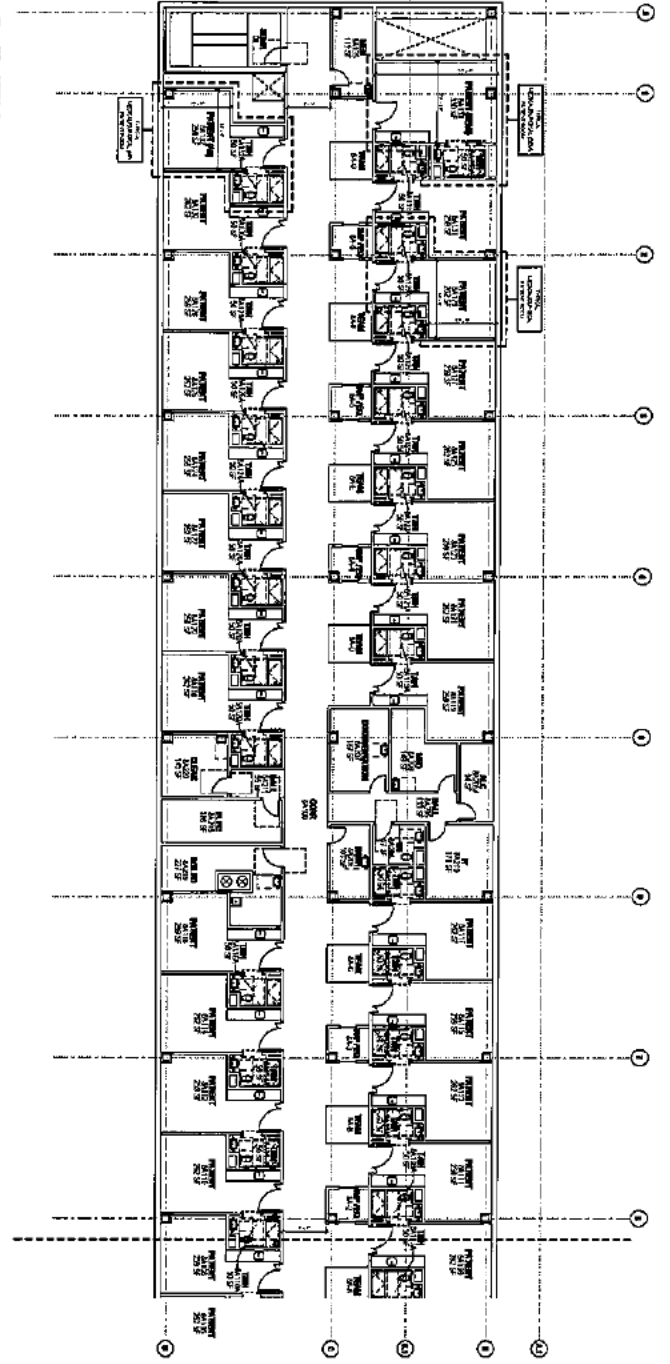
HONOLULU VALENTINE CENTER HEALTH SYSTEM

CON - 80 SUBMITTAL

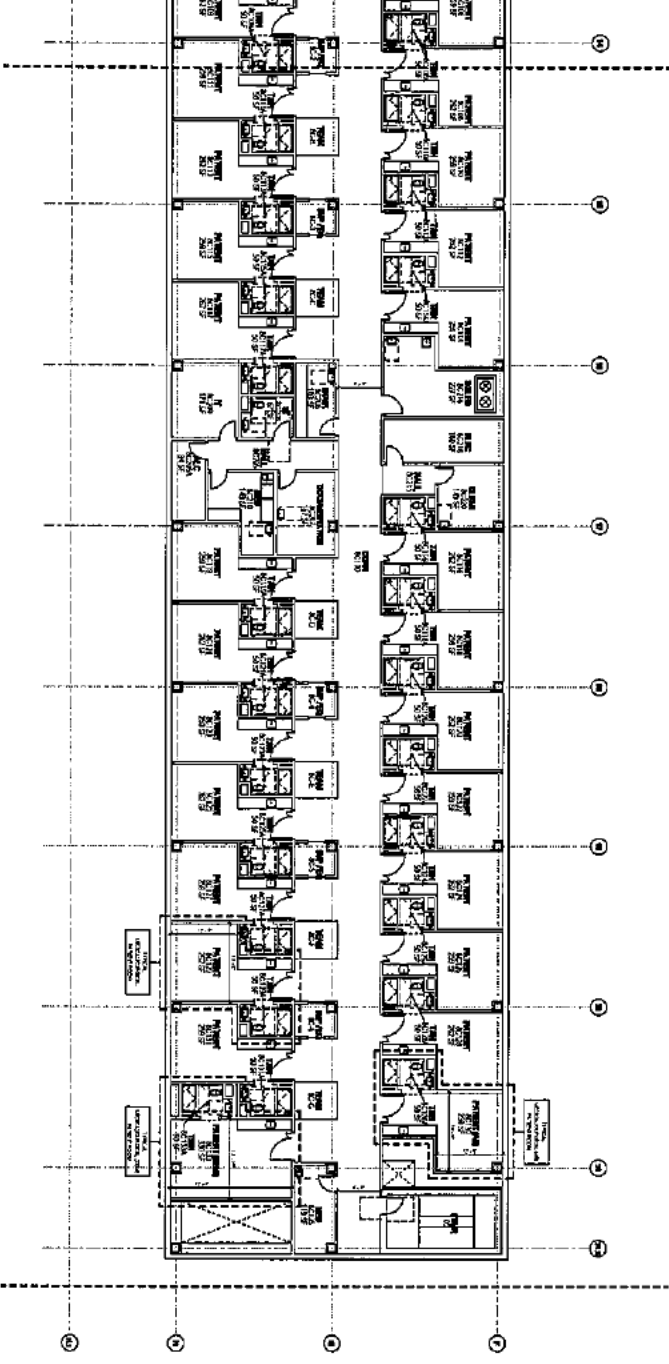


nbbj
 NATIONAL BUILDING BUREAU OF JAPAN
 3000 UNIVERSITY AVENUE, SUITE 200
 BERKELEY, CA 94704
 TEL: (415) 842-1200
 FAX: (415) 842-1201
 WWW.NBBJ.COM

1 - 1B-AREA A



2 - 1B-AREA C

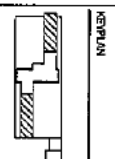


**KOHANAK VALLEY
 HEALTH SYSTEM**

CON - SD
 SUBMITTA
 NOVEMBER 1, 2008

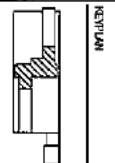
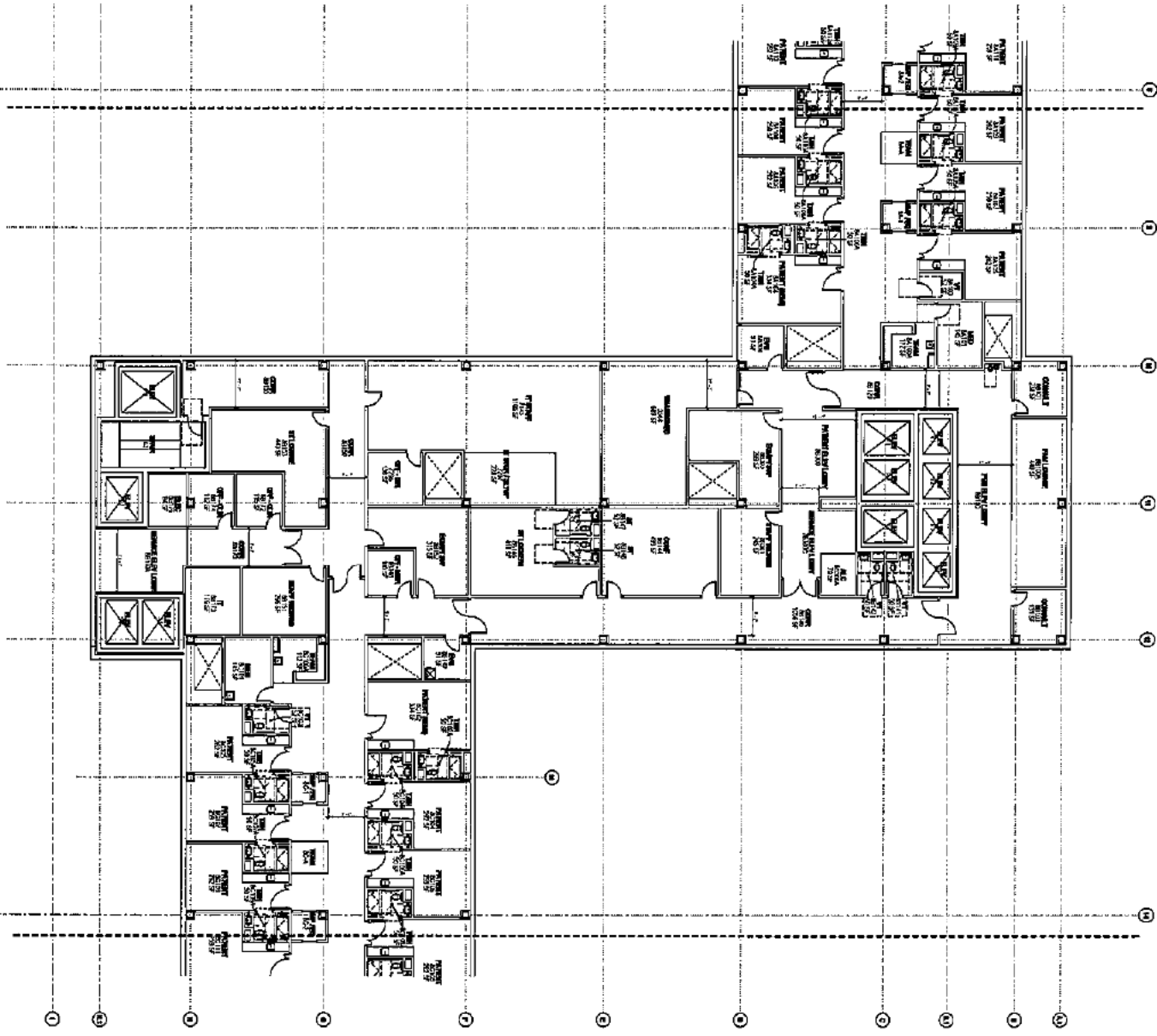
| NO. | DATE | REVISION |
|-----|------|----------|
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PROJECT: **1B FLOOR PLAN - AREA A, C**
 ARCHITECT: **ACTIBAC**



GENERAL

1 F3 - AREA B



mbj
 25 KIMBERLY DRIVE
 SUITE 1000
 WEST HAVEN, CT 06411
 (203) 399-8800



**MOHAWK VALLEY
 HEALTH SYSTEM**

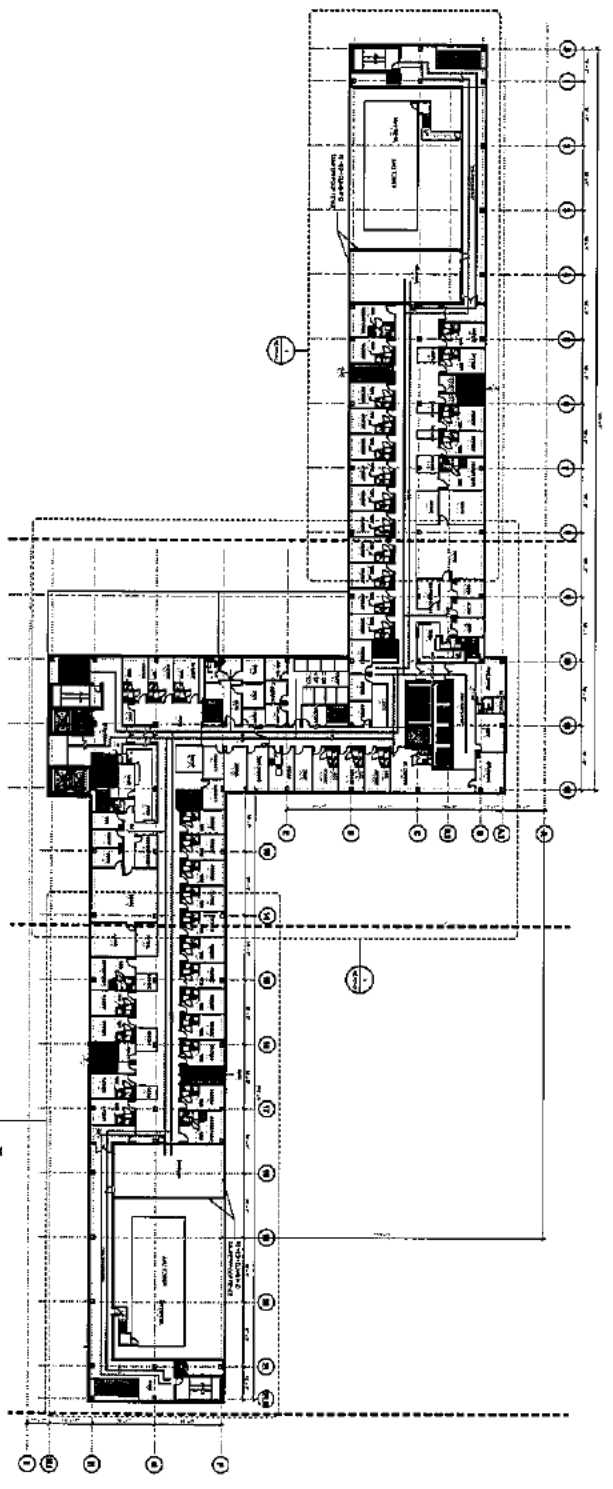
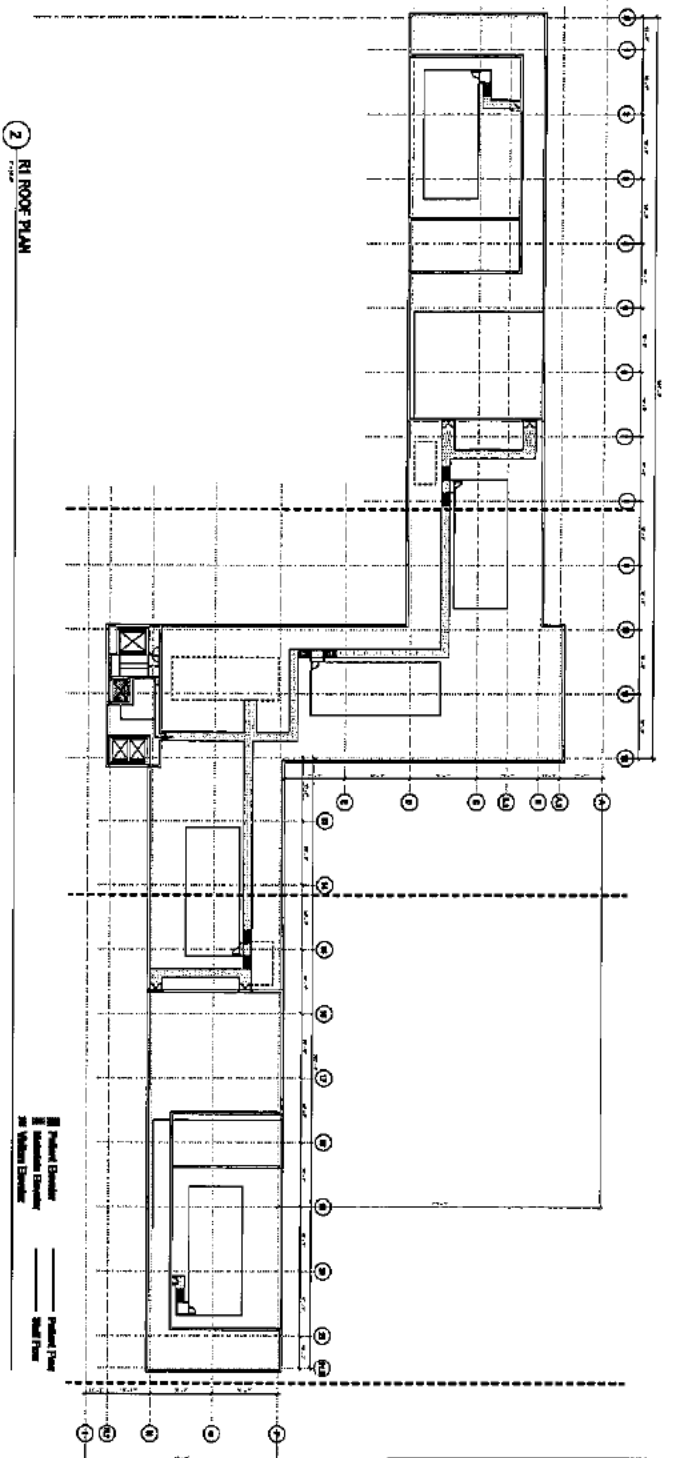
COM - SD
 SUBMITTAL
 WEST HAVEN, CT

| NO. | DATE | DESCRIPTION |
|-----|------|-------------|
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**F3 FLOOR PLAN -
 AREA B**

SCALE: AS SHOWN
 AREA B

| | | | | |
|-----|-------------------------|---------|----|---------|
| NO. | DESCRIPTION | DATE | BY | CHECKED |
| 1 | ISSUED FOR PERMIT | 10/1/11 | MB | MB |
| 2 | ISSUED FOR CONSTRUCTION | 10/1/11 | MB | MB |
| 3 | ISSUED FOR OCCUPANCY | 10/1/11 | MB | MB |
| 4 | ISSUED FOR AS-BUILT | 10/1/11 | MB | MB |
| 5 | ISSUED FOR FINAL | 10/1/11 | MB | MB |
| 6 | ISSUED FOR ARCHIVE | 10/1/11 | MB | MB |





COOK COUNTY
HEALTH SYSTEM

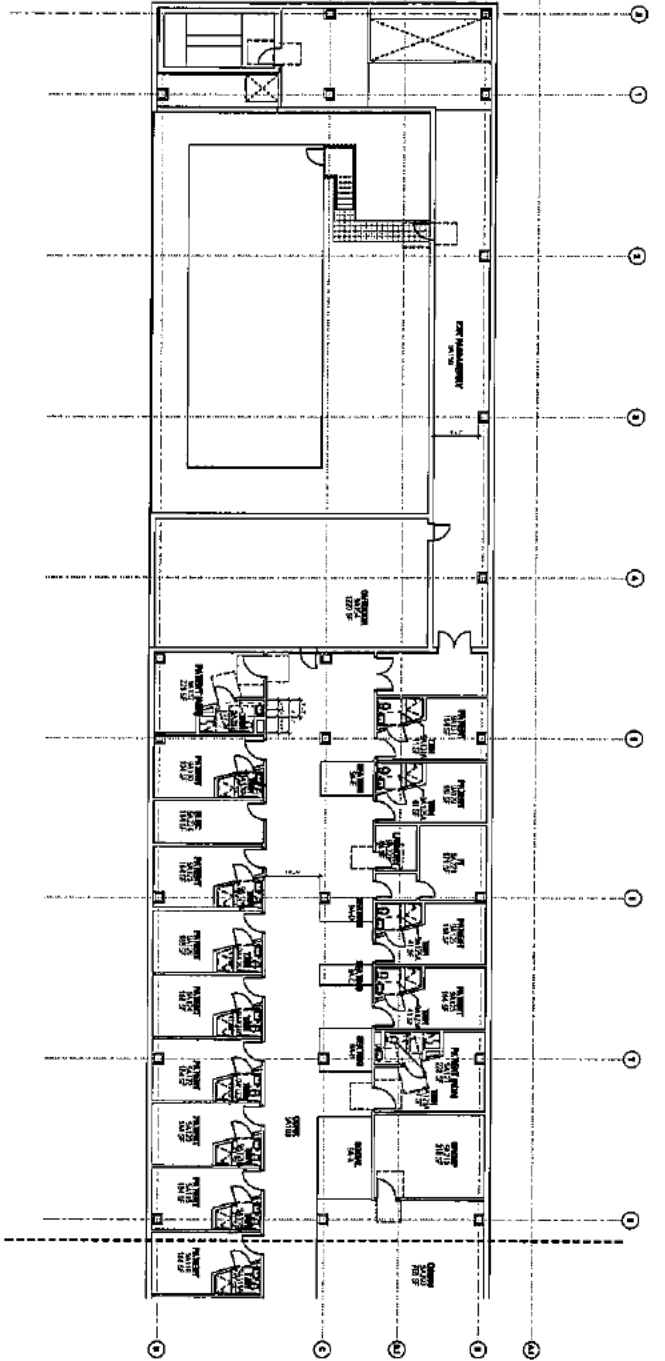
COM - SD
SKULLITT
 PROJECT NO. 140000000000000

| NO. | DATE | DESCRIPTION |
|-----|------|-------------|
| | | |
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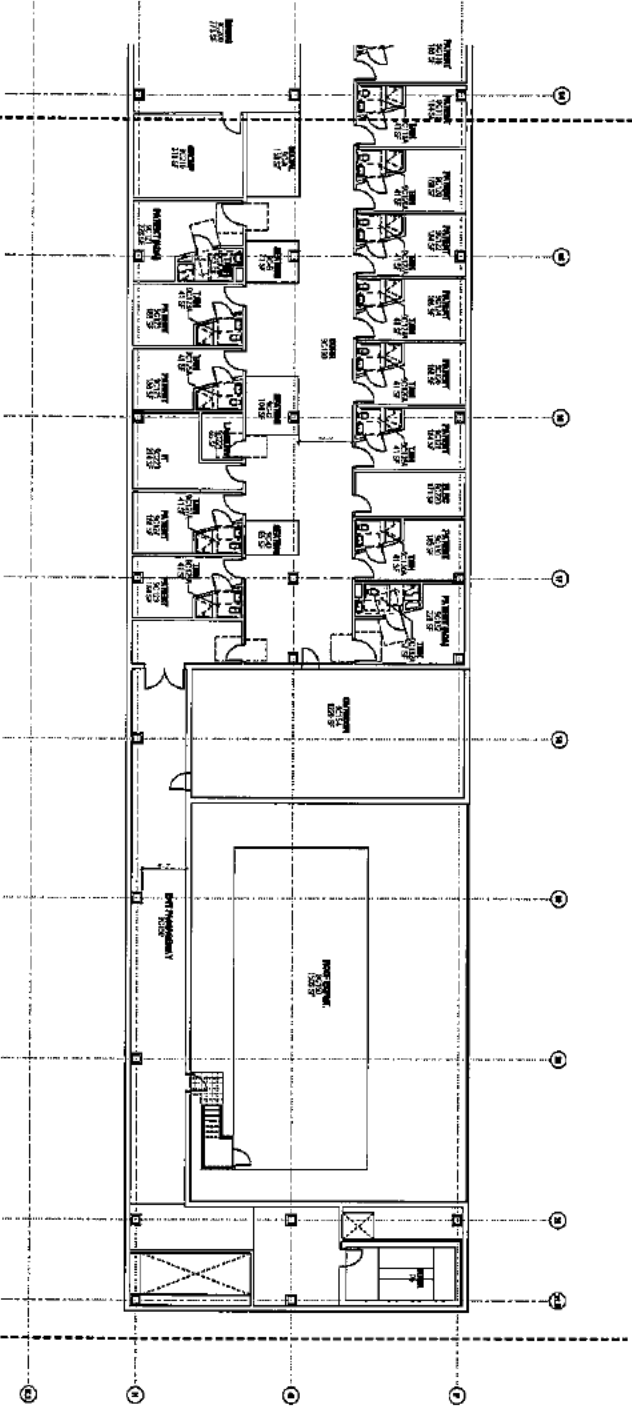
FBI FLOOR PLAN -
AREAS A & C

AE100-AC

GENERAL



1 FBI-AREA 1



2 FBI-AREA C



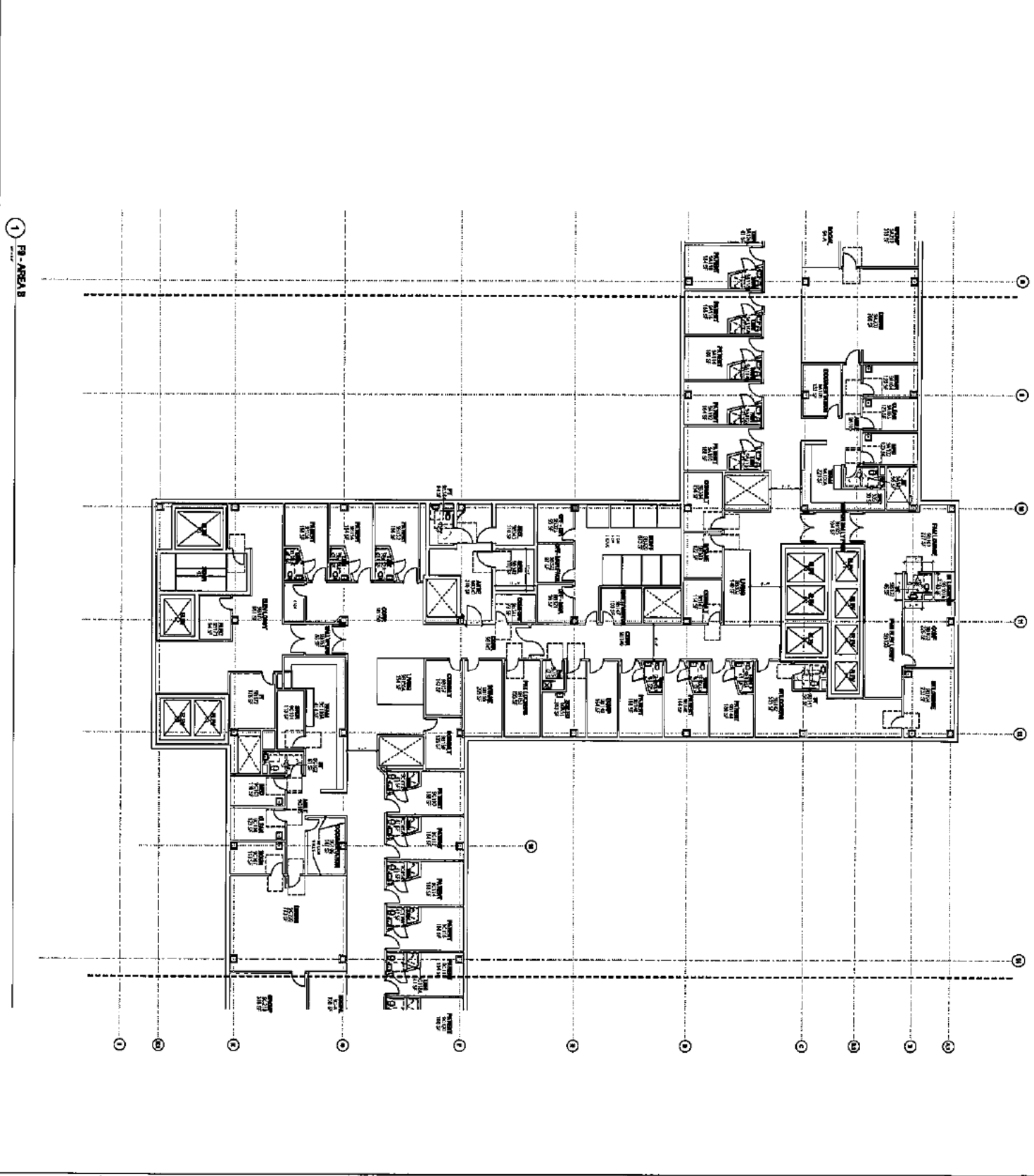
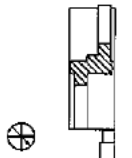
**MORRIS VALLEY
 HEALTH SYSTEM**

**CON - 80
 SUBMITTAL**

| NO. | DATE | DESCRIPTION |
|-----|------------|-------------------|
| 1 | 04/13/2018 | ISSUED FOR PERMIT |
| 2 | 04/13/2018 | ISSUED FOR PERMIT |
| 3 | 04/13/2018 | ISSUED FOR PERMIT |
| 4 | 04/13/2018 | ISSUED FOR PERMIT |
| 5 | 04/13/2018 | ISSUED FOR PERMIT |
| 6 | 04/13/2018 | ISSUED FOR PERMIT |
| 7 | 04/13/2018 | ISSUED FOR PERMIT |
| 8 | 04/13/2018 | ISSUED FOR PERMIT |
| 9 | 04/13/2018 | ISSUED FOR PERMIT |
| 10 | 04/13/2018 | ISSUED FOR PERMIT |

**F8 FLOOR PLAN -
 AREAS B**

REV PLAN



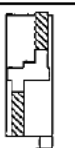
1 F8 - AREAS B



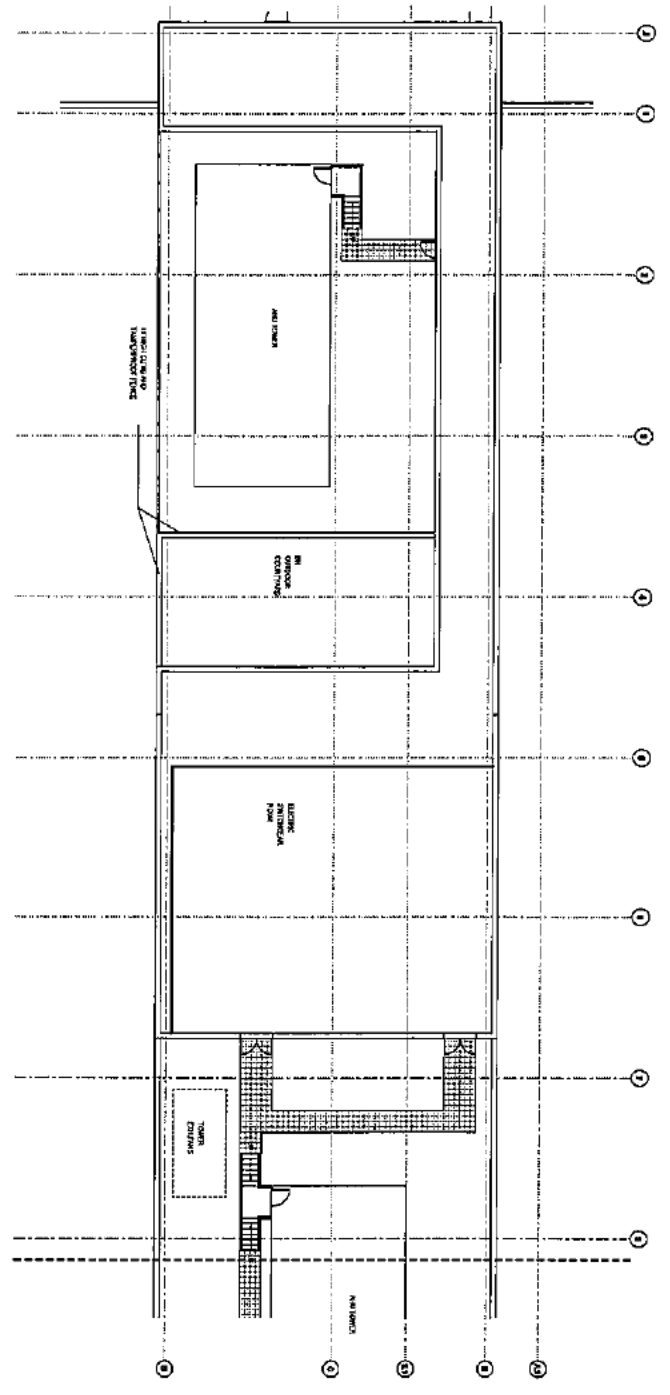
**MOHAWK VALLEY
 HEALTH SYSTEM**

**CON - 80
 SUBMITTAL
 MOHAWK VALLEY**

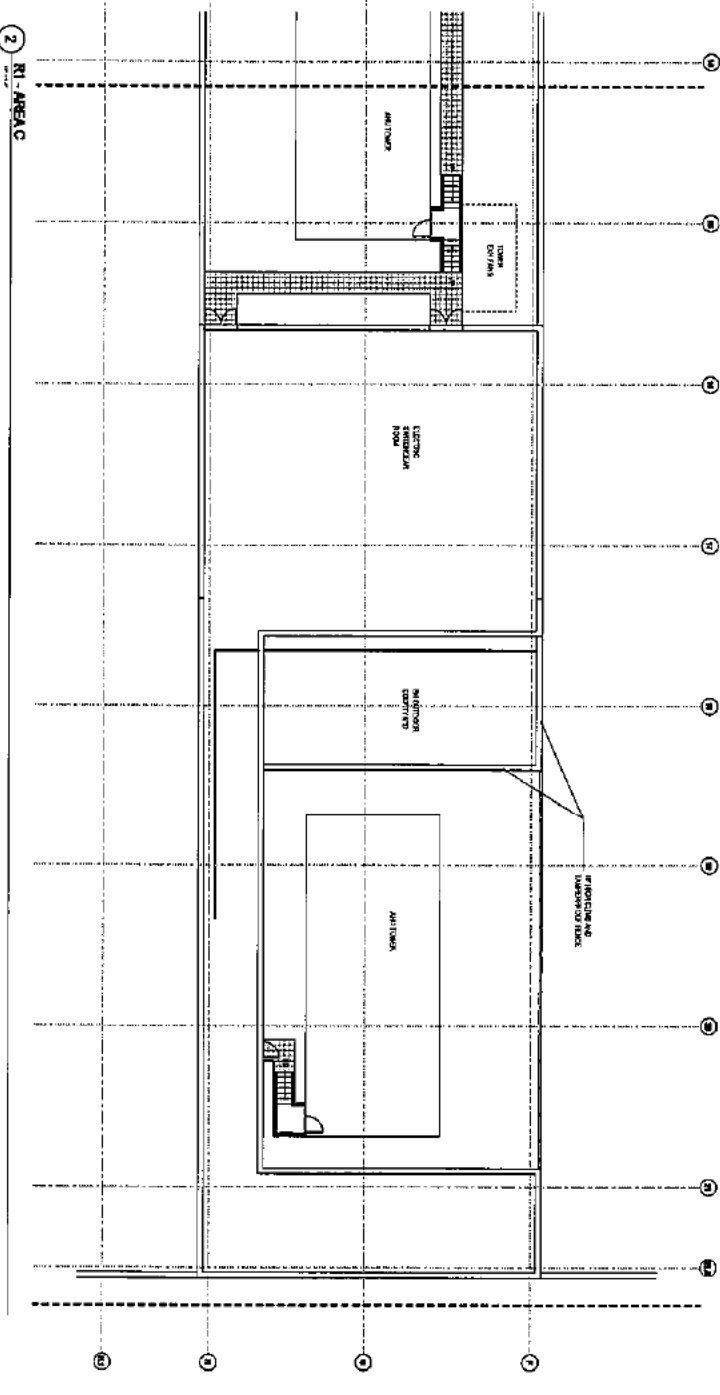
| NO. | DATE | DESCRIPTION |
|-----|----------|--------------------|
| 1 | 02/07/10 | ISSUED FOR PERMITS |
| 2 | 02/07/10 | ISSUED FOR PERMITS |
| 3 | 02/07/10 | ISSUED FOR PERMITS |
| 4 | 02/07/10 | ISSUED FOR PERMITS |
| 5 | 02/07/10 | ISSUED FOR PERMITS |
| 6 | 02/07/10 | ISSUED FOR PERMITS |
| 7 | 02/07/10 | ISSUED FOR PERMITS |
| 8 | 02/07/10 | ISSUED FOR PERMITS |
| 9 | 02/07/10 | ISSUED FOR PERMITS |
| 10 | 02/07/10 | ISSUED FOR PERMITS |
| 11 | 02/07/10 | ISSUED FOR PERMITS |
| 12 | 02/07/10 | ISSUED FOR PERMITS |
| 13 | 02/07/10 | ISSUED FOR PERMITS |
| 14 | 02/07/10 | ISSUED FOR PERMITS |
| 15 | 02/07/10 | ISSUED FOR PERMITS |
| 16 | 02/07/10 | ISSUED FOR PERMITS |
| 17 | 02/07/10 | ISSUED FOR PERMITS |
| 18 | 02/07/10 | ISSUED FOR PERMITS |
| 19 | 02/07/10 | ISSUED FOR PERMITS |
| 20 | 02/07/10 | ISSUED FOR PERMITS |



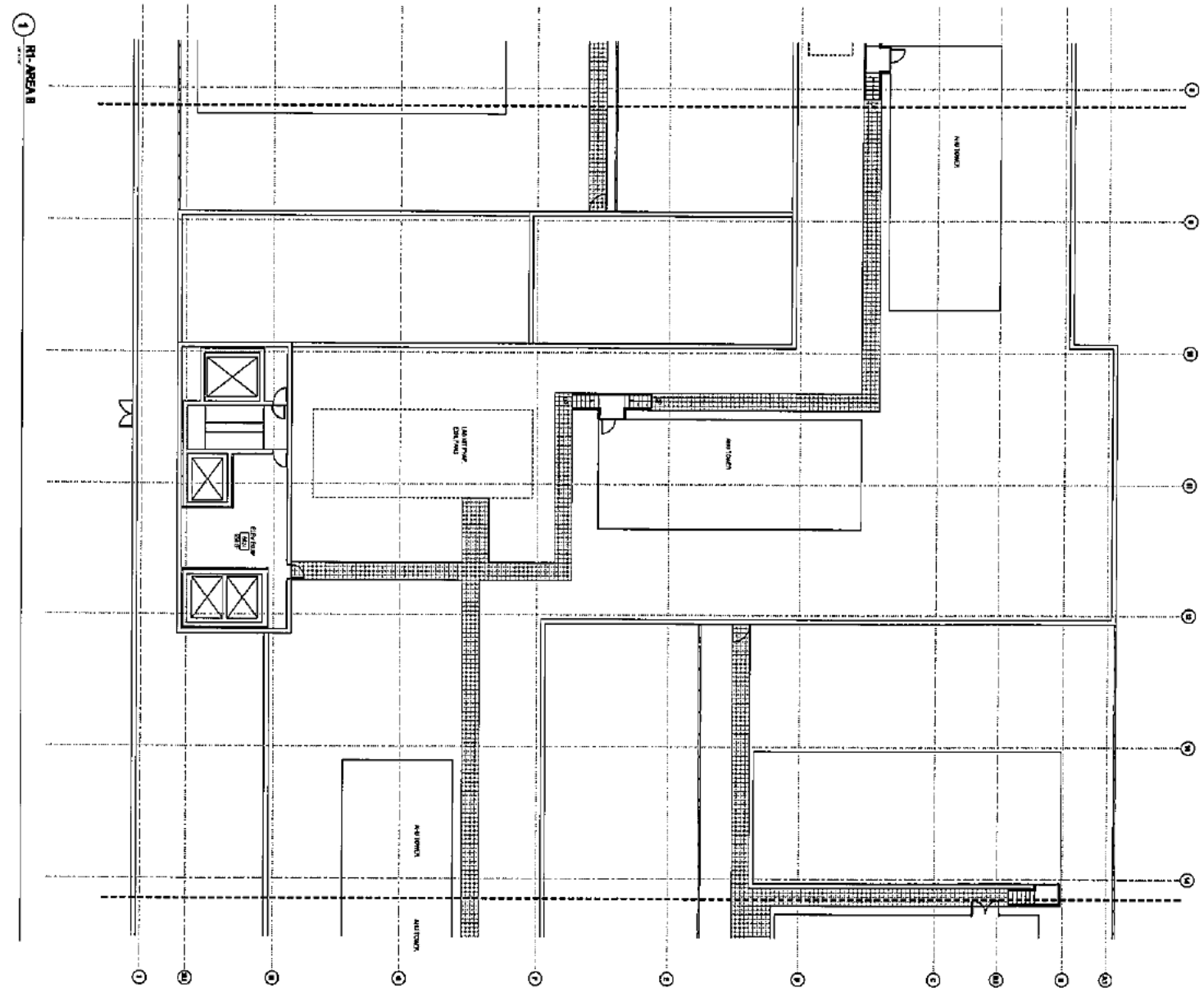
PERMITS
**R1 ROOF PLAN -
 AREA A & C**
 DATE: 02/07/10
 DRAWN BY: [Name]
 CHECKED BY: [Name]
 PROJECT NO: AE110AC



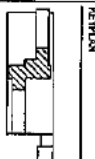
1 R1-AREA A



2 R1-AREA C



1 RI-AREA B

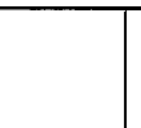


SECTION

| NO. | DATE | REVISION |
|-----|------|----------|
| | | |
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| | | |

CON - SD
SUBMITTAL
REVISION 1.000

MOHAWK VALLEY
HEALTH SYSTEM



nbbj
201 A WASHINGTON STREET, SUITE 100
ROSELAND, NJ 07068
TEL: 973.261.1000
WWW.NBBJ.COM