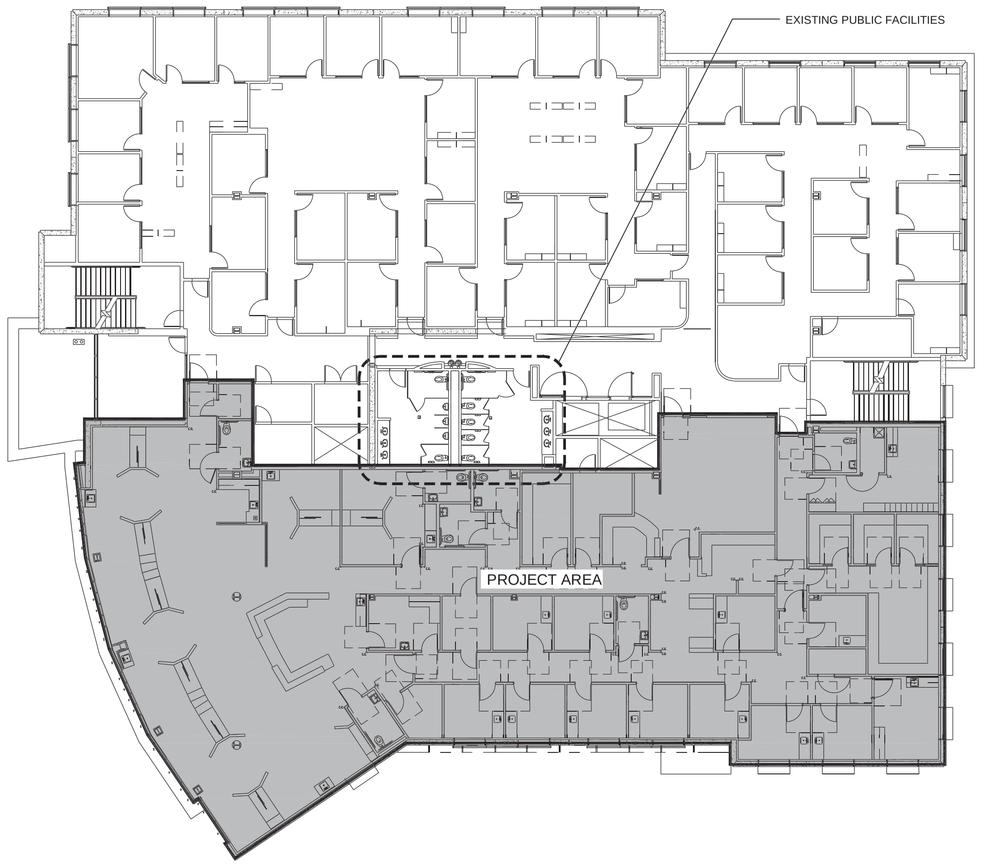
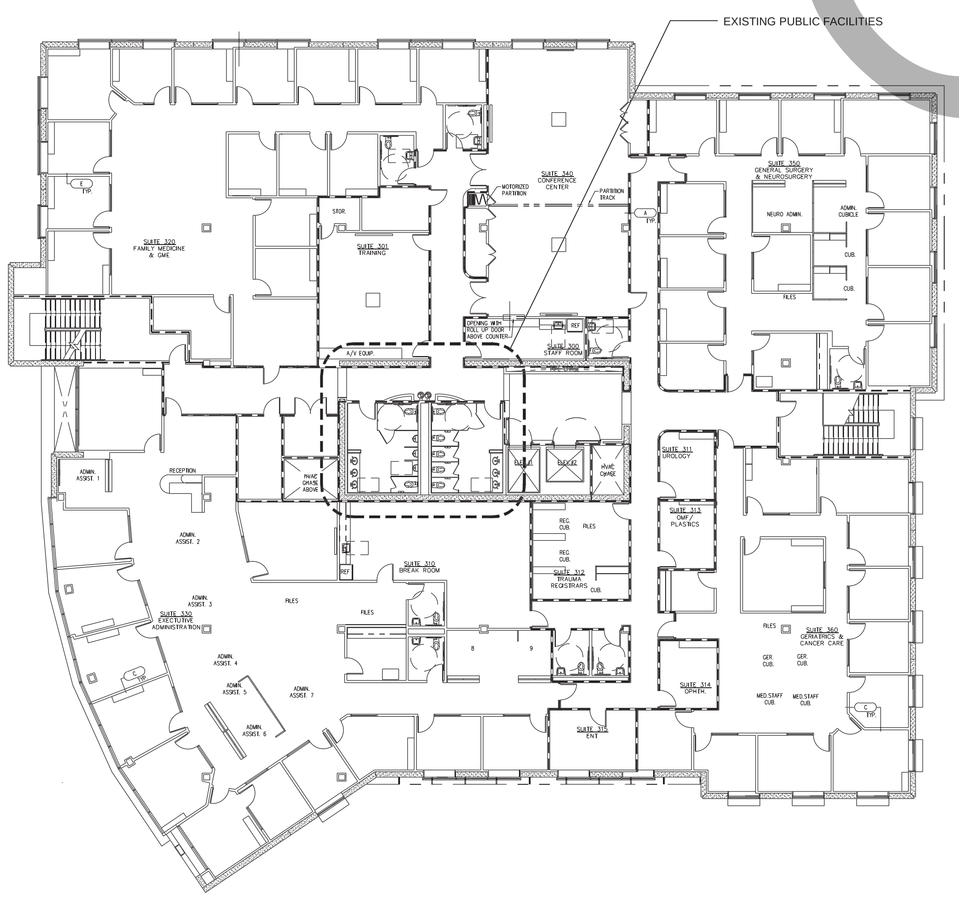
## PLUMBING FIXTURES COUNT (BASED ON TOTAL OCCUPANT LOAD OF THE BUILDING)

| | WATER CLOSET (MALE) | WATER CLOSET (FEMALE) | URINALS | LAVATORIES (MALE) | LAVATORIES (FEMALE) | (ALL GENDER) SINGLE ACCOMMODATION TOILETS | DRINKING FOUNTAINS |
|---|---|---|---|---|---|---|---|
| REQUIRED FIXTURES COUNT PER CPC TABLE 4-2 (B OCCUPANCY) | 4: 201 - 400, ADD 1 FOR EA. 500 | 11: 201 - 400, ADD 1 FOR EA. 150 | 4: 401 - 600, ADD 1 FOR EA. 300 | 5: 301 - 400, ADD 1 FOR EA. 250 | 6: 301 - 400, ADD 1 FOR EA. 200 | | 1: 150 |
| TOTAL REQUIRED FOR THE BUILDING OF LESS THAN 550 OCCUPANTS | **5** | **12** | **4** | **5** | **7** | | **4** |
| 1ST FLOOR TOTAL COUNT | 1 | 3 | 2 | 3 | 3 | 0 | 2 |
| 2ND FLOOR TOTAL COUNT | 2 | 5 | 3 | 3 | 3 | 0 | 2 |
| 3RD FLOOR TOTAL COUNT | 2 | 5 | 3 | 3 | 3 | 4 | 2 |
| **TOTAL EXISTING PROVIDED FOR THE BUILDING (3 FLOORS)** | **5** | **13** | **8** | **9** | **9** | **4** | **6** |

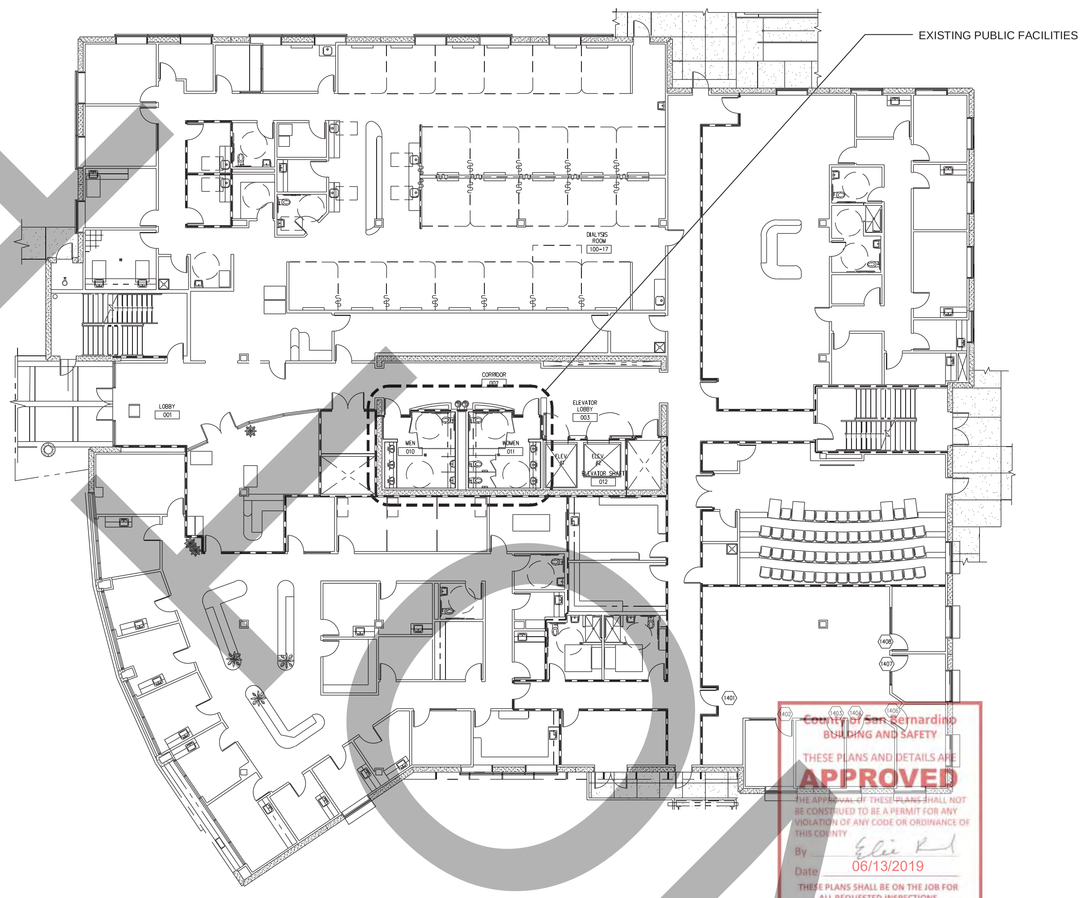
NOTE: THE TOTAL EXISTING FIXTURE COUNT PROVIDED IN THE BUILDING FOR PUBLIC USE COMPLIES WITH THE REQUIRED COUNT IDENTIFIED IN CPC TABLE 4-2. THE ADDITIONAL SEVEN (7) SINGLE ACCOMMODATION TOILETS IN THE T.I. WILL BE USED PRIMARILY FOR PATIENTS / STAFF AND NOT ACCESSIBLE FOR PUBLIC, THEREFORE ARE NOT INCLUDED IN THE TOTAL COUNT




**K12** EXISTING SECOND FLOOR PLUMBING FIXTURE COUNT — SCALE: 1/16"=1'-0"




**A5** EXISTING THIRD FLOOR PLUMBING FIXTURE COUNT — SCALE: 1/16"=1'-0"




**A12** EXISTING FIRST FLOOR PLUMBING FIXTURE COUNT — SCALE: 1/16"=1'-0"



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PROJECT

**ARROWHEAD REGIONAL MEDICAL CENTER**
**MEDICAL OFFICE BUILDING**
**400 N. PEPPER AVE.**
**COLTON, CALIFORNIA 92324**

**ONCOLOGY-AMBULATORY CLINIC**

| NO. | DATE | REVISIONS |
|---|---|---|

PROFESSIONAL SEALS

LICENSED ARCHITECT RICK SAVELY REN. 09-30 STATE OF CALIFORNIA

AGENCY APPROVAL

— REVIEWED —
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Reason: Reviewed for Code Compliance.
Date: 2019.06.12 08:56:10 -07'00'

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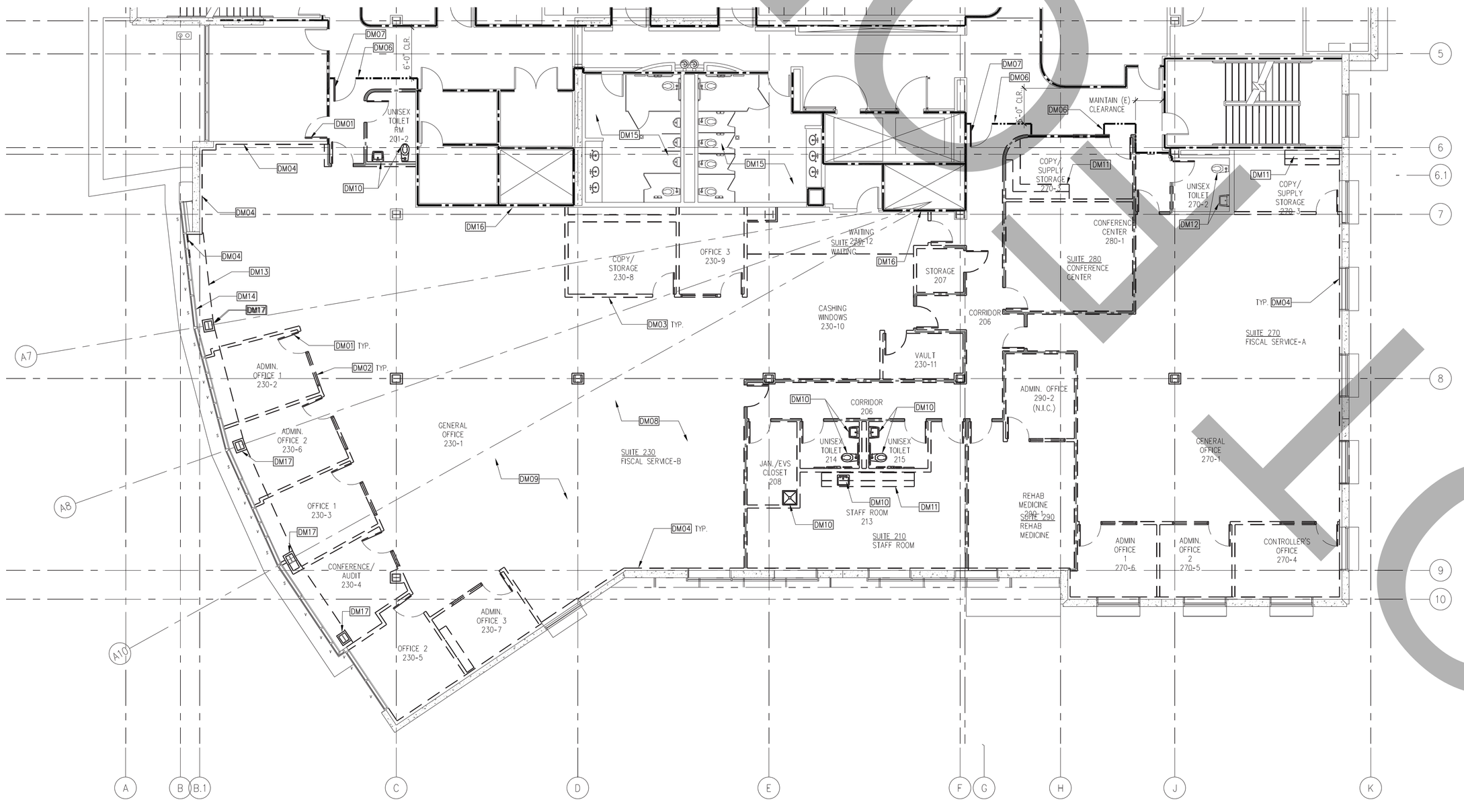
|---|---|---|
| EED | GL | 02.22.2019 |
| EED | GL | 05.23.2019 |
| | | |

PROJECT NUMBER
SHA # 18242.100

SHEET TITLE
**CODE ANALYSIS PLAN - PLUMBING FIXTURE COUNT**

SHEET NUMBER
**A102**




**A3** SECOND FLOOR DEMOLITION PLAN

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

N

## GENERAL NOTES

1. DRAWINGS OF EXISTING CONDITIONS HAVE BEEN COMPILED FROM EXISTING DATA SUPPLIED TO THE ARCHITECT BY THE OWNER. THE ARCHITECT MAKES NO WARRANTY, EITHER EXPRESSED OR IMPLIED, FOR THE ACCURACY OR COMPLETENESS OF THE EXISTING INFORMATION RECORDED. FIELD VERIFY ALL EXISTING CONDITIONS. NOTIFY THE ARCHITECT IMMEDIATELY OF ANY DISCREPANCIES.
2. VERIFY LOCATIONS OF EXISTING ELECTRICAL, PLUMBING, AND MECHANICAL UTILITIES. LOCATE AND PROTECT UTILITIES TO REMAIN. DISCONNECT, REMOVE AND CAP DESIGNATED UTILITIES WITHIN THE DEMOLITION AREA. REFER TO THE ELECTRICAL DEMOLITION DRAWINGS FOR ADDITIONAL INFORMATION.
3. PROVIDE REROUTING OF UTILITIES SERVING ADJACENT AREAS TO MAINTAIN UNINTERRUPTED SERVICE.
4. REMOVAL AND DISPOSAL OF DEMOLITION DEBRIS IS THE RESPONSIBILITY OF THE CONTRACTOR. VERIFY THE HAULING ROUTE THROUGH THE BUILDING, THE DEMOLITION STAGING AREA, AND THE LOCATION OF THE DUMPSTERS WITH THE FACILITY REPRESENTATIVE PRIOR TO THE START OF DEMOLITION.
5. THE FACILITY RESERVES THE RIGHT TO SALVAGE ANY DEMOLISHED ITEM. VERIFY ITEMS TO BE SALVAGED WITH THE FACILITY REPRESENTATIVE PRIOR TO THE START OF DEMOLITION. REMOVE, PROTECT, AND TURN OVER SUCH ITEMS BY DIRECTED BY THE FACILITY.
6. TEMPORARY FIRE BARRIERS; PROTECT ADJACENT SPACES FROM DAMAGE DURING THE PROGRESS OF THE WORK. PROVIDE TEMPORARY FIRE RATED PARTITIONS AS REQUIRED BY THE AUTHORITY HAVING JURISDICTION TO ENSURE PUBLIC SAFETY AND TO ALLOW BUILDING OCCUPANCY.
7. PROVIDE DUST BARRIERS AROUND ALL OPENINGS TO AND FROM THE CONSTRUCTION AREA PER THE OWNER'S INFECTION PREVENTION POLICY. PROVIDE ALL MEANS NECESSARY TO INHIBIT DUST FROM ENTERING OTHER PORTION OF THE FACILITY.
8. SURVEY EXISTING FLOORS AND CLEARLY IDENTIFY LOCATIONS OF ALL BEAMS AND JOISTS.
9. THE USE OF VISQUEEN OR SIMILAR TYPE OF MATERIAL AS A TEMPORARY CONSTRUCTION BARRIER WHERE A FIRE SEPARATION IS REQUIRED, SHALL NOT BE PERMITTED. A TEMPORARY BARRIER SHALL MEET THE SAME FIRE RATING AS WOULD THE PERMANENT PARTITION.

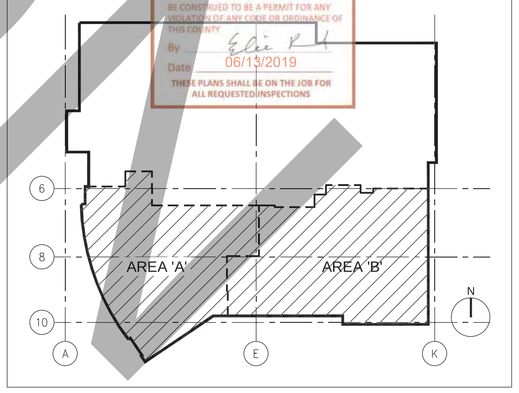
## KEYNOTES

| | |
|---|---|
| DM01 | DEMOLISH EXISTING DOOR AND FRAME COMPLETE |
| DM02 | DEMOLISH EXISTING GLAZING AND FRAME COMPLETE |
| DM03 | DEMOLISH EXISTING GYPSUM BOARD PARTITION COMPLETE |
| DM04 | DEMOLISH EXISTING GYPSUM BOARD ON ONE SIDE ONLY, PROTECT FRAMING IN PLACE |
| DM05 | DEMOLISH PORTION OF EXISTING GYPSUM BOARD PARTITION ONLY AS REQUIRED BY NEW CONSTRUCTION |
| DM06 | TEMPORARY CONSTRUCTION BARRIER, FINISH AND PAINT CORRIDOR SIDE OF BARRIER, PROTECT EXISTING FINISHES IN PLACE |
| DM07 | TEMPORARY FIRE DOOR WITH STEEL FRAME & CLOSER, DOOR OPENS IN |
| DM08 | DEMOLISH EXISTING FLOORING FINISH COMPLETE, THROUGHOUT THE ENTIRE SUITE |
| DM09 | DEMOLISH EXISTING CEILING SYSTEM COMPLETE, THROUGHOUT THE ENTIRE SUITE. |
| DM10 | DEMOLISH EXISTING PLUMBING FIXTURE COMPLETE |
| DM11 | DEMOLISH EXISTING UPPER AND LOWER CASEWORK COMPLETE |
| DM12 | EXISTING PLUMBING FIXTURE TO REMAIN, PROTECT IN PLACE |
| DM13 | DEMOLISH EXISTING GYPSUM BOARD SOFFIT (ABOVE) COMPLETE |
| DM14 | PROTECT EXISTING GYPSUM BOARD ALONG THE INSIDE OF CURTAIN IN PLACE, DEMOLISH ONLY AS REQUIRED BY NEW CONSTRUCTION |
| DM15 | DEMO CEILING AS REQUIRED FOR MECHANICAL WORK REFER TO MECHANICAL TO DETERMINE EXTENT OF DEMO |
| DM16 | DEMO SHAFT WALL AS REQUIRED FOR MECHANICAL WORK REFER TO MECHANICAL TO DETERMINE EXTENT OF DEMO |
| DM17 | DEMOLISH EXISTING GYPSUM BOARD COLUMN FURRING COMPLETE |

## LEGEND

- EXISTING NON RATED WALL TO REMAIN
- EXISTING CONCRETE WALL TO REMAIN
- EXISTING 1-HOUR RATED WALL TO REMAIN
- WALL TO BE DEMOLISHED
- 1-HOUR RATED WALL TO BE DEMOLISHED
- DOOR AND FRAME TO BE DEMOLISHED

## KEY PLAN




County of San Bernardino
BUILDING AND SAFETY
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By Eric Rodriguez
Date 06/13/2019
THESE PLANS SHALL BE ON THE JOB FOR ALL REQUESTED INSPECTIONS


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PROJECT

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| NO. | DATE | REVISIONS |
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PROFESSIONAL SEALS

LICENSED ARCHITECT RICK SAVELY REN. 09-30-2019 STATE OF CALIFORNIA

AGENCY APPROVAL

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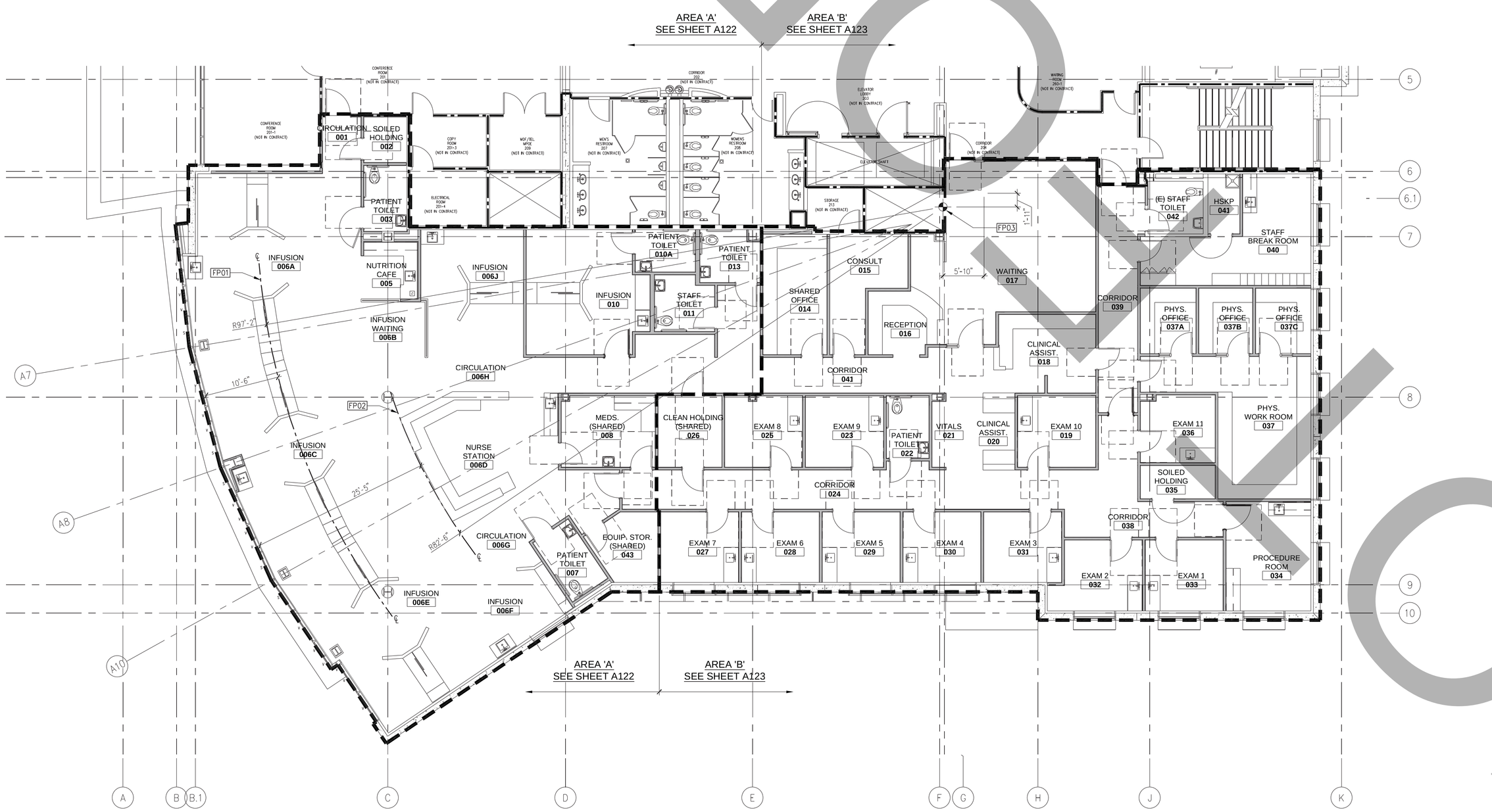
| EED | GL | 02.22.2019 |
| EED | GL | 05.23.2019 |

PROJECT NUMBER
SHA # 18242.100

SHEET TITLE
**DEMOLITION PLAN**

SHEET NUMBER
**A111**



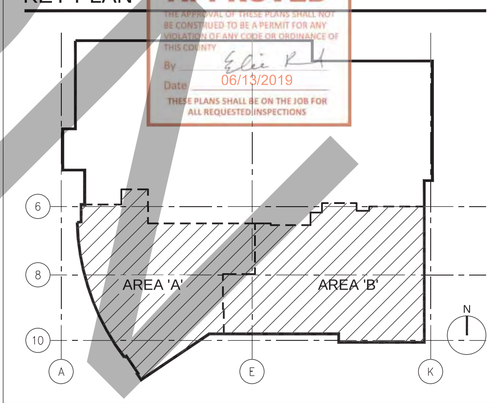

## KEYNOTES

| | |
|---|---|
| FP01 | CENTERLINE OF INFUSION BAYS |
| FP02 | FACE OF NURSE STATION CASEWORK |
| FP03 | START POINT OF RADIUS |

## LEGEND

- EXISTING NON RATED WALL
- EXISTING CONCRETE WALL
- EXISTING 1-HOUR RATED WALL
- NON RATED WALL
- 1-HOUR RATED WALL

## KEY PLAN




**A3** OVERALL SECOND FLOOR PALN

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



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PROJECT NUMBER
SHA # 18242.100

SHEET TITLE
**OVERALL FLOOR PLAN**

SHEET NUMBER
**A121**