

PROJECT TITLE

**서울특별시
장애인치과병원
화장실 환경개선공사**

NOTE

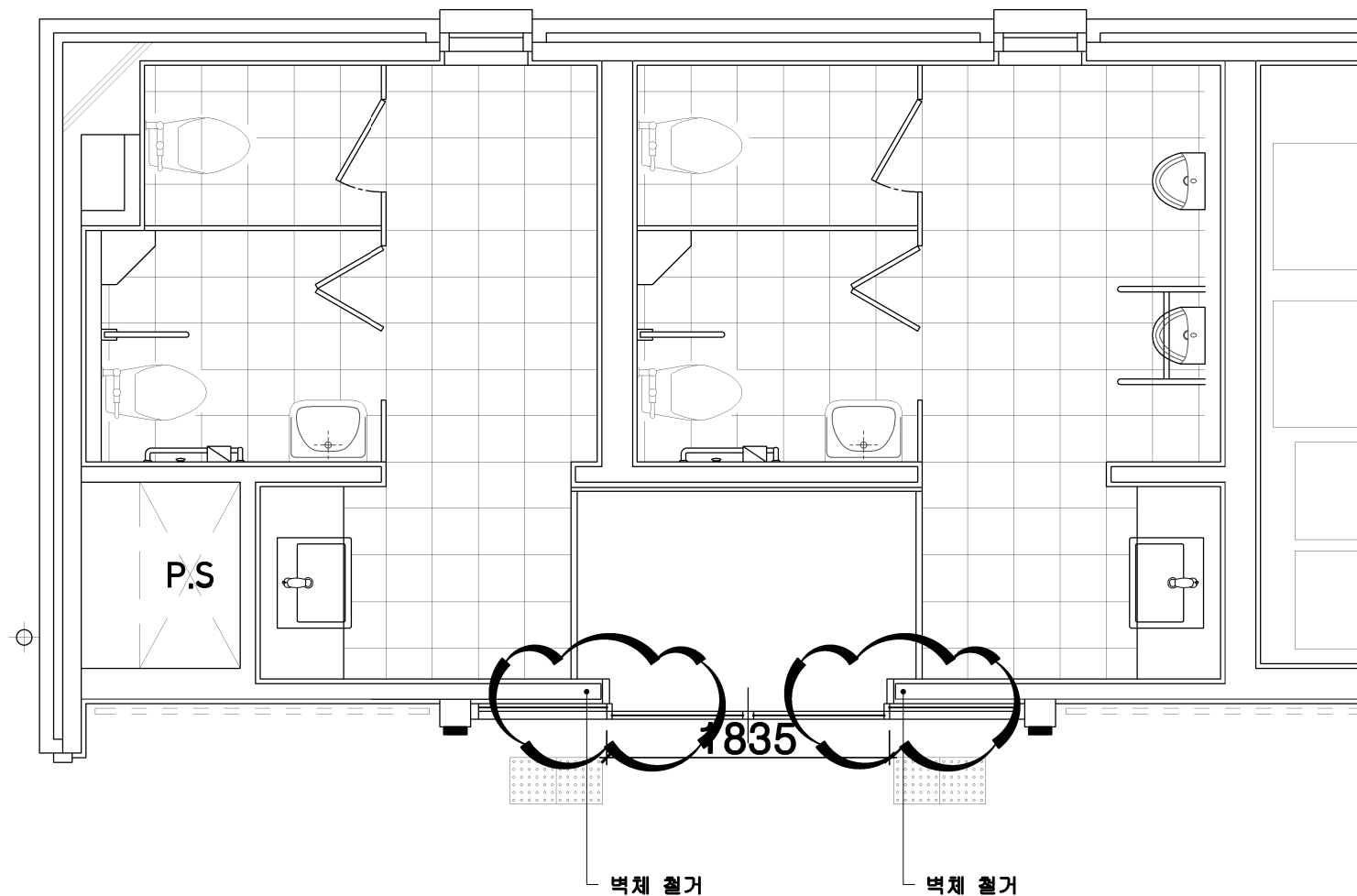
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NO.	DATE	REVISION DESCRIPTION	BY	APPROVED

서울특별시 성동구 마포로 207
TEL. 02-2282-0027
FAX. 02-2282-0002

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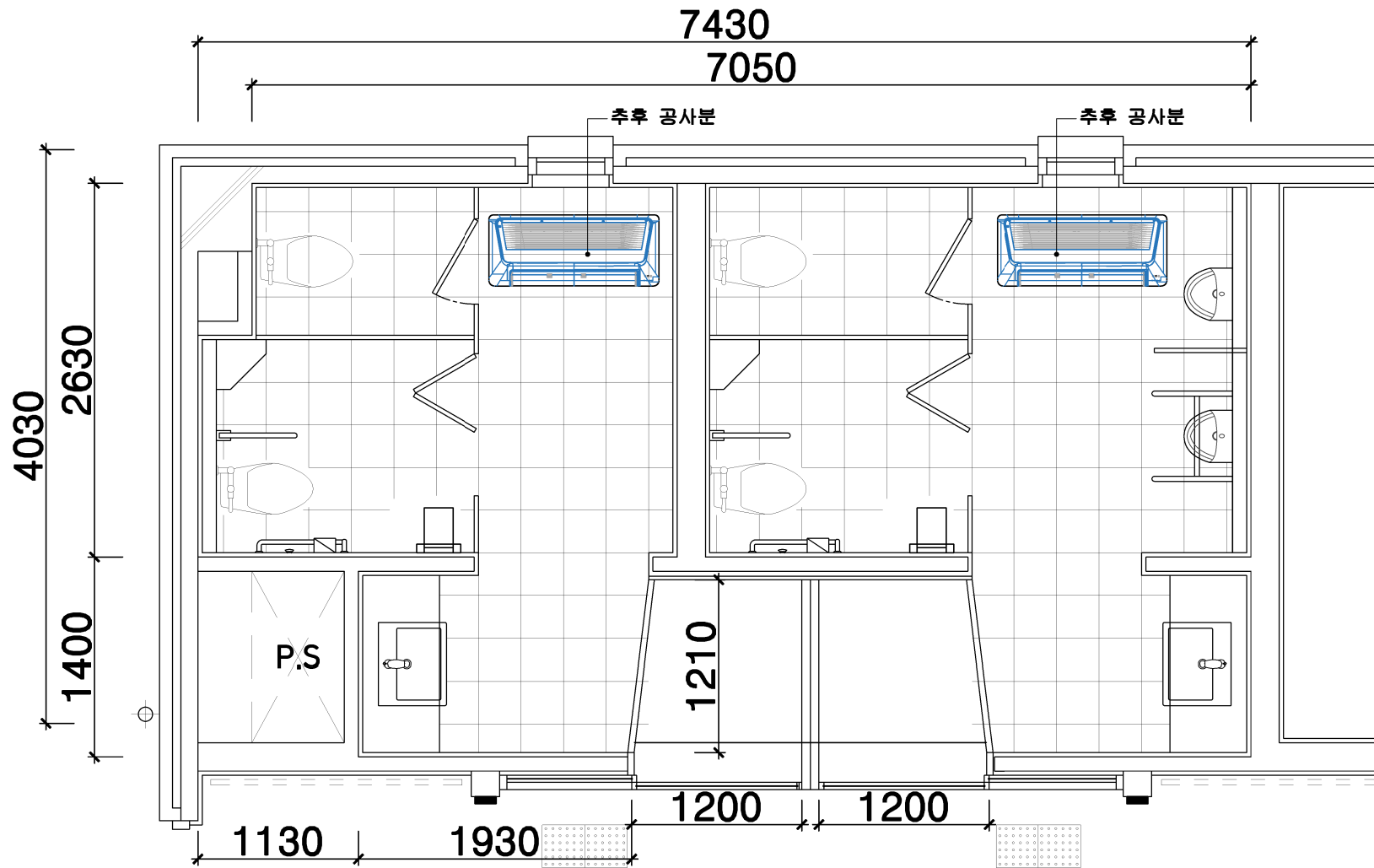
외공실 정면도(변경 전)

DATE	SCALE AS: 1/80
APPROVED	DRAWING NO 2F, 2F - 01
CHECKED 2	SHEET NO
CHECKED 1	01
DRAWING	



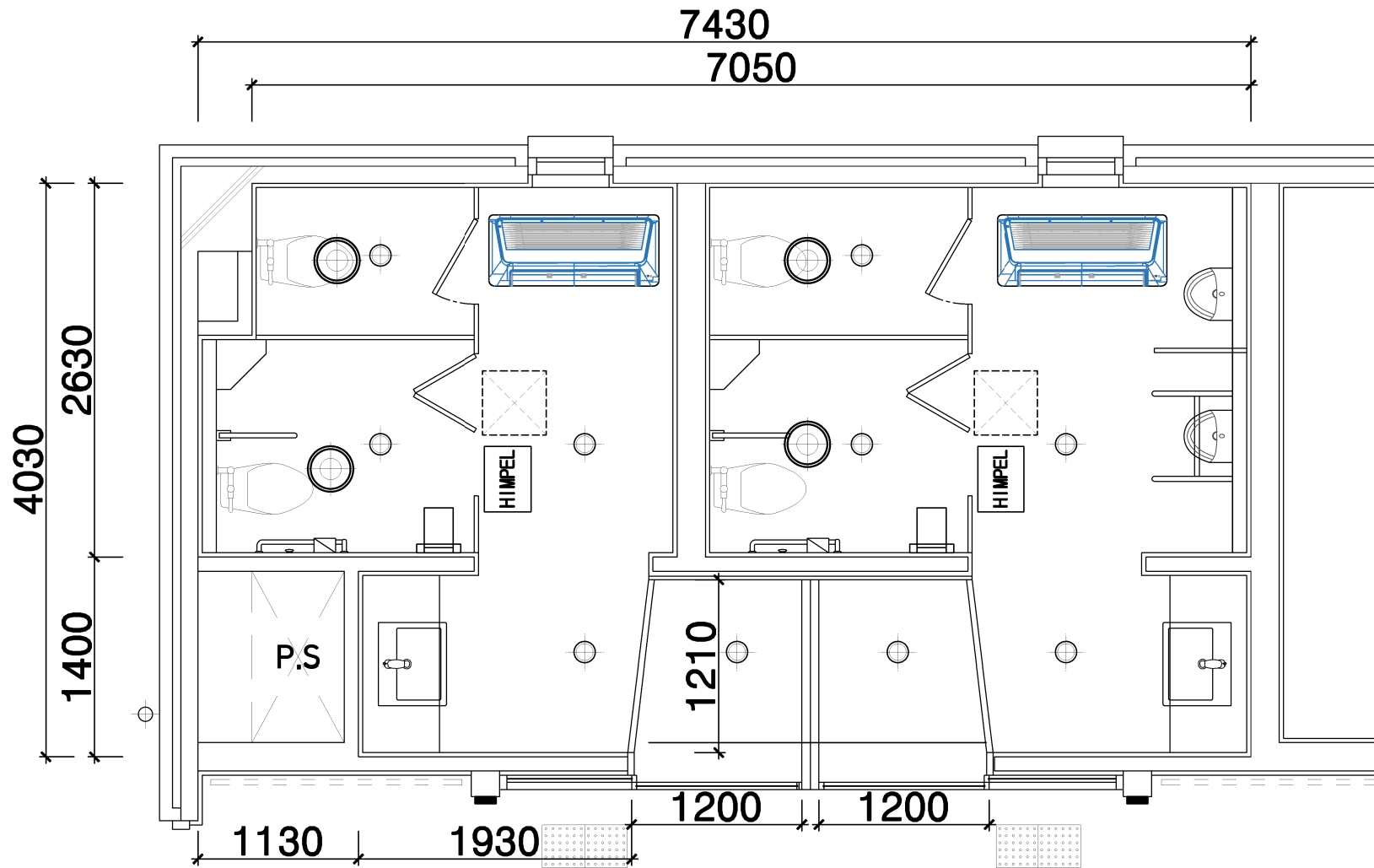
1 화장실 평면도 (변경 전) 속지 : 1/30

속지 : 1/30



1 화장실 평면도 (변경 후)
축척 : 1/30

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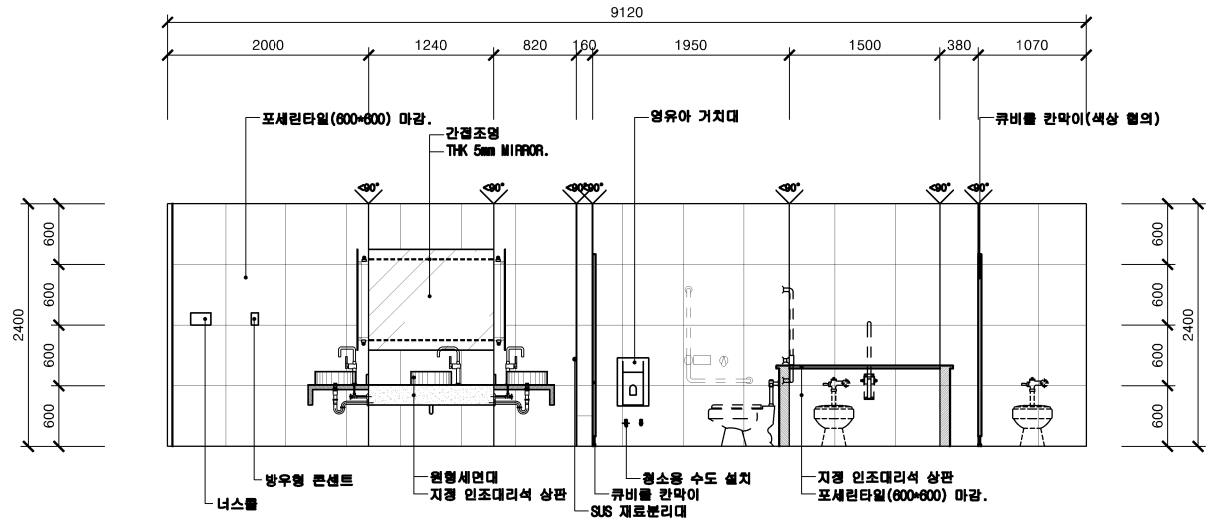
1 화장실 천장도 (변경 후)
축척 : 1/30

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서울특별시
장애인복지관
화장실 환경개선공사

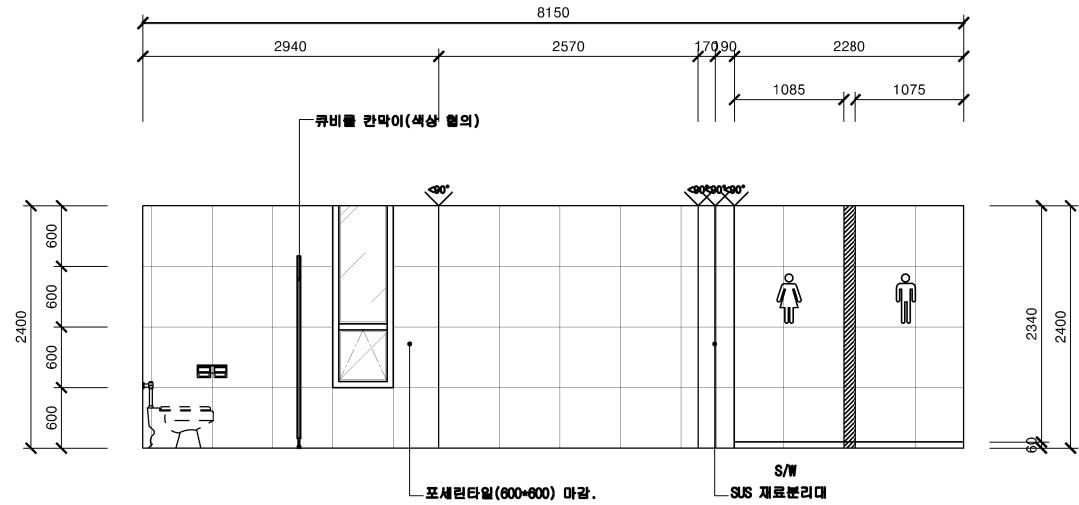
NOTE



1 ELEVATION-1

화장실(여)

SCALE
1/50



2 ELEVATION-2

화장실(여)

SCALE
1/50

NO.	DATE	REVISION	DESCRIPTION	BY	APP.

MANUAL SET TYPE 207
TEL. 02-555-0027
FAX 02-555-0028

REVISION TABLE

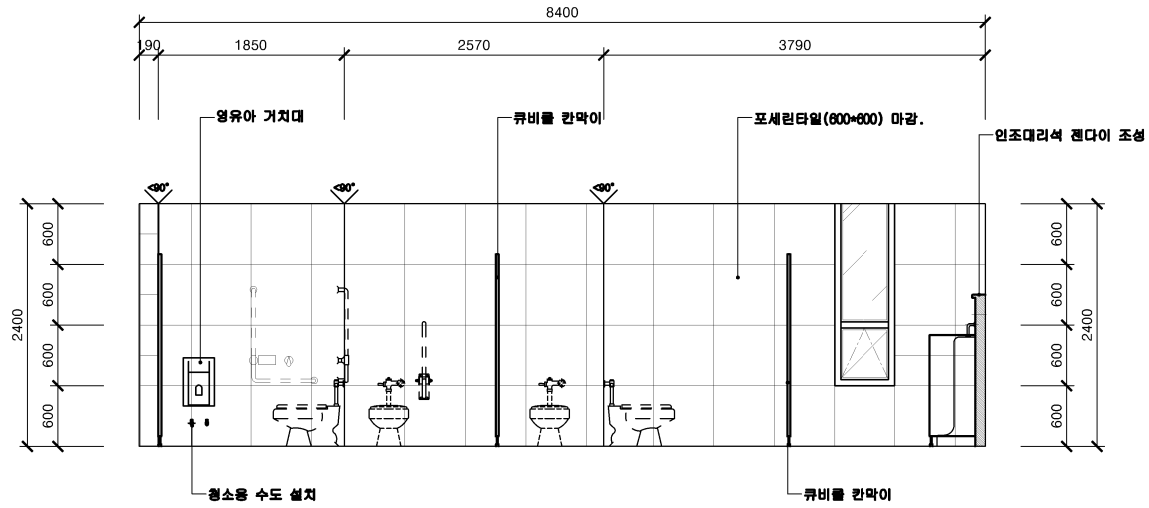
ELEVATION-1, 2

DATE	SCALE
APPROVED	REVISION NO.
CHECKED 2	REVISION NO.
CHECKED 1	REVISION NO.
DESIGNED	REVISION NO.

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장애인치과병원
화장실 환경개선공사

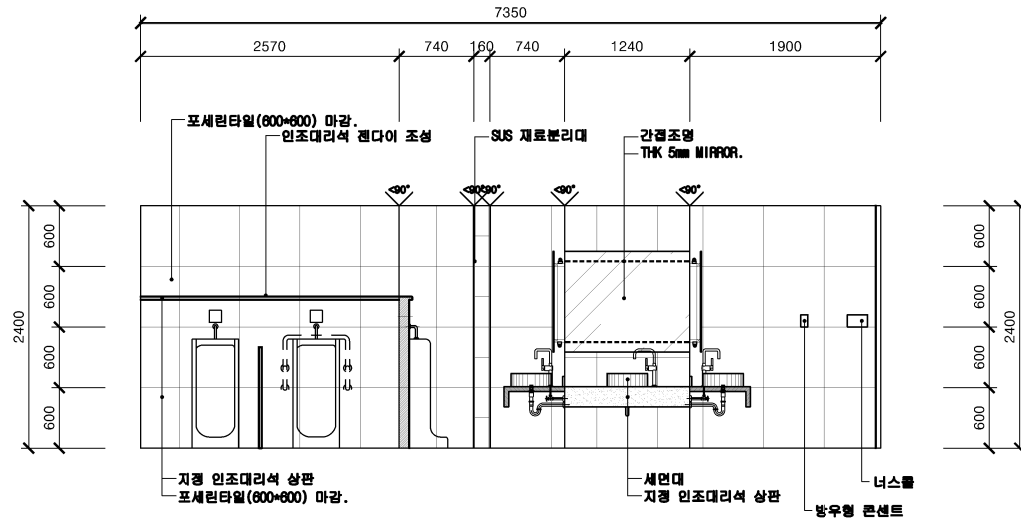
NOTE



1 ELEVATION-3

화장실(남)

SCALE
1/50



2 ELEVATION-4

화장실(남)

SCALE
1/50

NO.	DATE	REVISION DESCRIPTION	BY	APP.
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MANUFACTURED BY
TEL. 02-228-0027
FAX 02-228-0028

REVISION TABLE

ELEVATION-3, 4

DATE	SCALE
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CHECKED BY	REVISION NO.
REVISION	REVISION NO.

