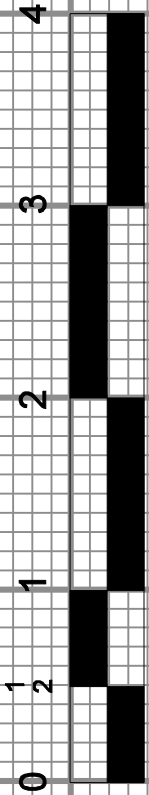
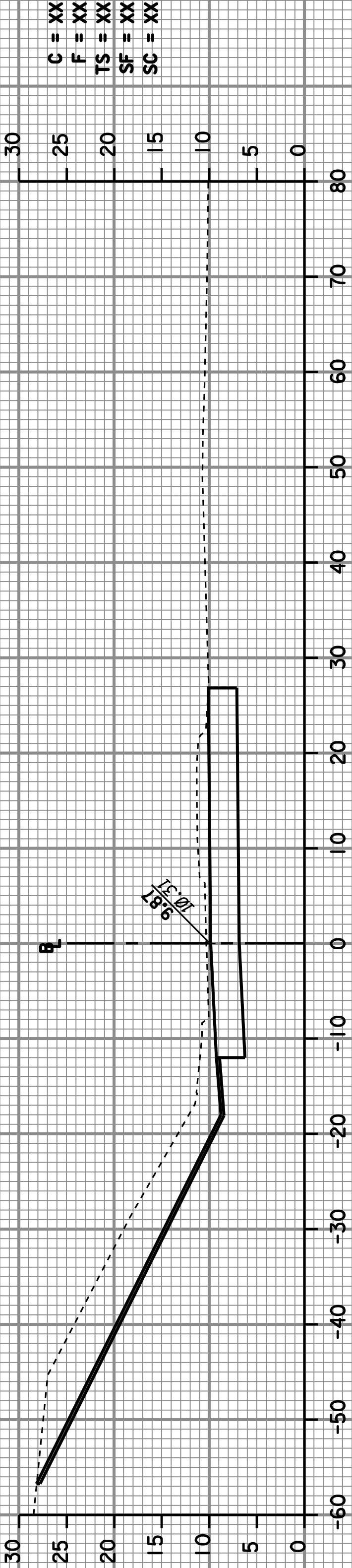
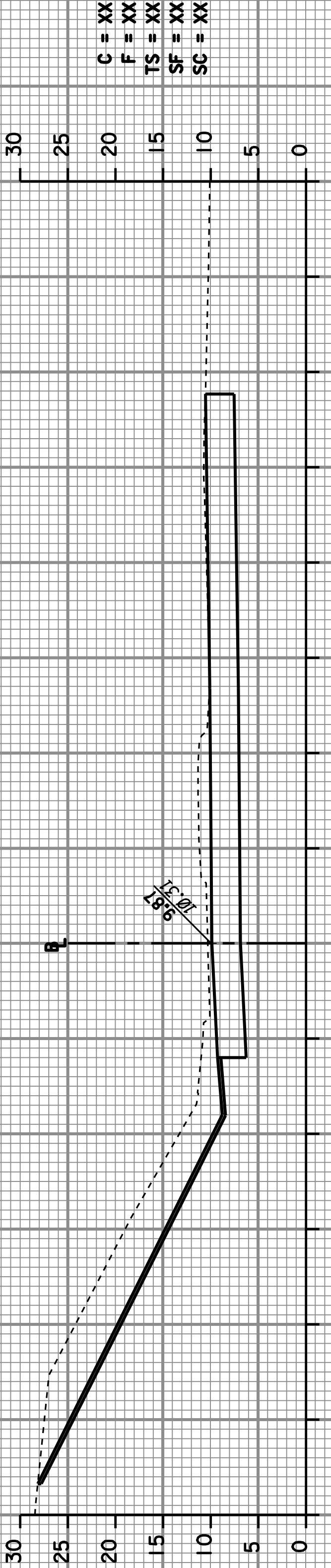
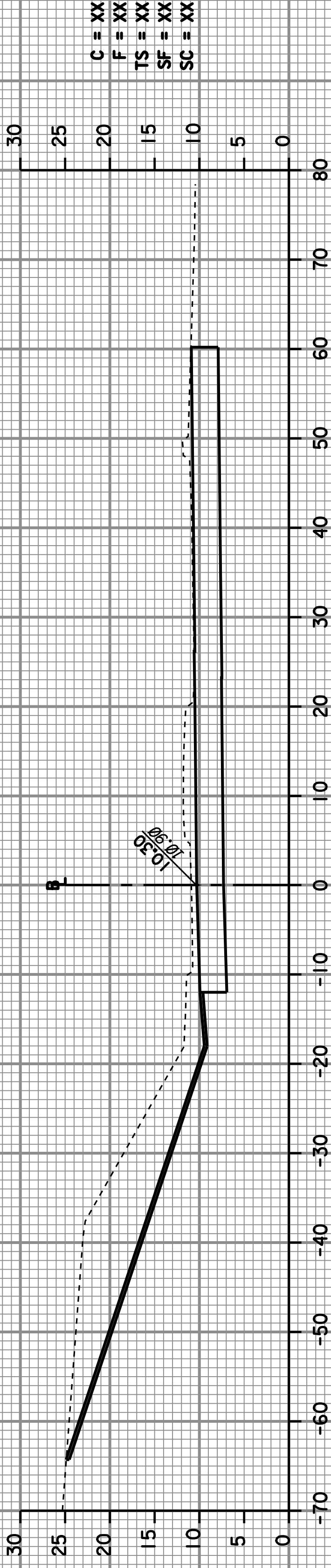
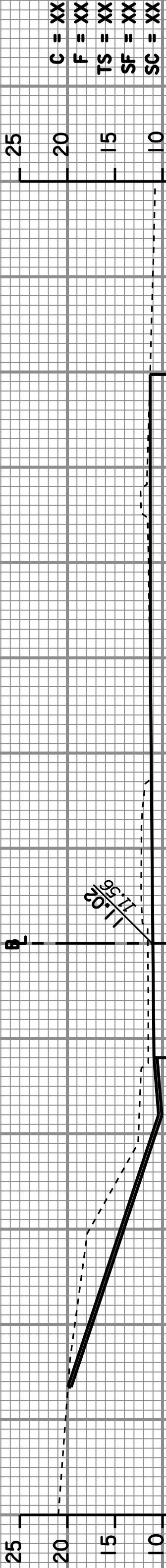




No.	DATE	SAMPLE PLAN REVISION
0	5-08	ORIGINAL SHEET

	BY	DATE
MADE	XXX	XX-XX-XX
TRACED	XXX	XX-XX-XX
CHECKED	XXX	XX-XX-XX
SUPERVISED	X.XXXX	



No.	DATE	REVISION

NAME OF CONSULTANT  
ADDRESS  
CERTIFICATE OF AUTHORIZATION NO. XXXXXXXXXX

**JOHN DOE**  
NEW JERSEY PROFESSIONAL ENGINEER LICENSE NO. XX