

**ARCHITECTURAL SYMBOLS**

**SECTION**  
 SECTION

**ELEVATION**  
 ELEVATION

**DETAIL**  
 DETAIL

**NOTE:**  
 TOP NUMBER/LETTER DESIGNATES GRID COORDINATES ON DRAWING. BOTTOM LETTER/ NUMBER DESIGNATES SHEET ON WHICH DETAIL IS SHOWN.

**EXIST DOOR TO BE REMOVED** **EXIST WALL TO BE REMOVED**

**EXIST DOOR TO REMAIN** **EXIST WALL TO REMAIN**

**NEW DOOR AND FRAME, REFER TO DOOR AND FRAME SCHED**

**NEW WALL**

**NOTE:**  
 THERE ARE NO EXAM ROOMS IN THIS AREA THAT USE INHALATION ANESTHETICS.

**WALL TYPE, REFER TO WALL TYPE SCHEDULE ON SHEET A2**

**DOOR & FRAME SYMBOL, REFER TO DOOR & FRAME SCHEDULE ON SHEET A4**

**DEMOLITION NOTES, REFER TO SHEET A4**

**CONSTRUCTION NOTES, REFER TO SHEET A3**

**H.M., ALLUM. AND OH DOOR FRAME TYPES, REFER TO SHEET A4**

**WINDOW TYPE, REFER TO SHEET A4**

**REVISION NUMBER**

**SPECIAL REQUIREMENTS**

THIS PROJECT CONSISTS OF RENOVATIONS OF A PROJECT THAT WAS CONSTRUCTED FOR THIS CLIENT IN 2014. THE GENERAL CONTRACTOR SHALL REVIEW THE ORIGINAL CONSTRUCTION DRAWINGS FOR THAT PROJECT AND REFER TO THEM FOR PROJECT REQUIREMENTS WHEN THESE DOCUMENTS INDICATE "TO MATCH EXISTING". THESE DOCUMENTS ARE DATED 9/23/14 AND WILL BE PROVIDED TO THE BIDDERS DURING THE BIDDING PERIOD.

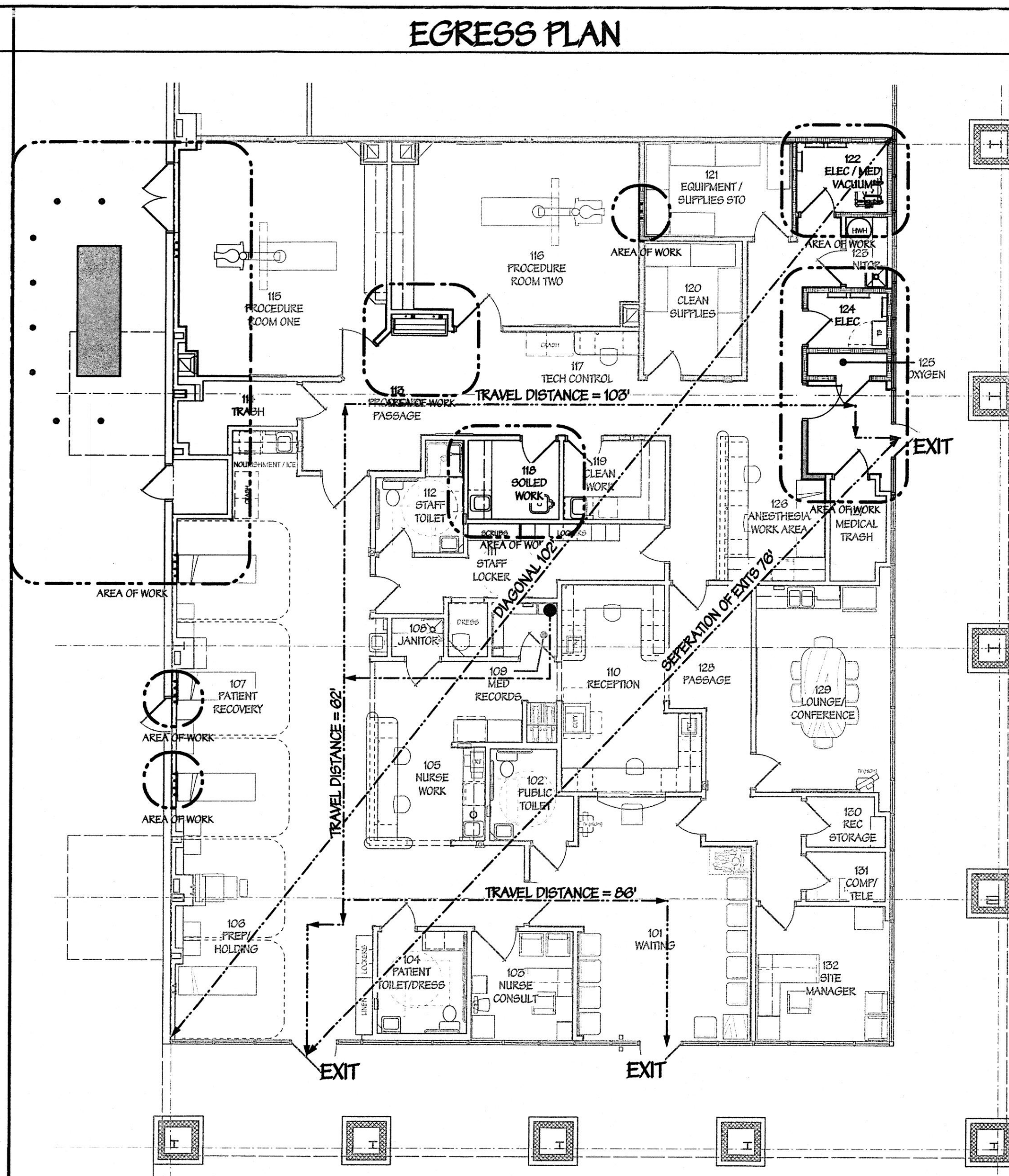
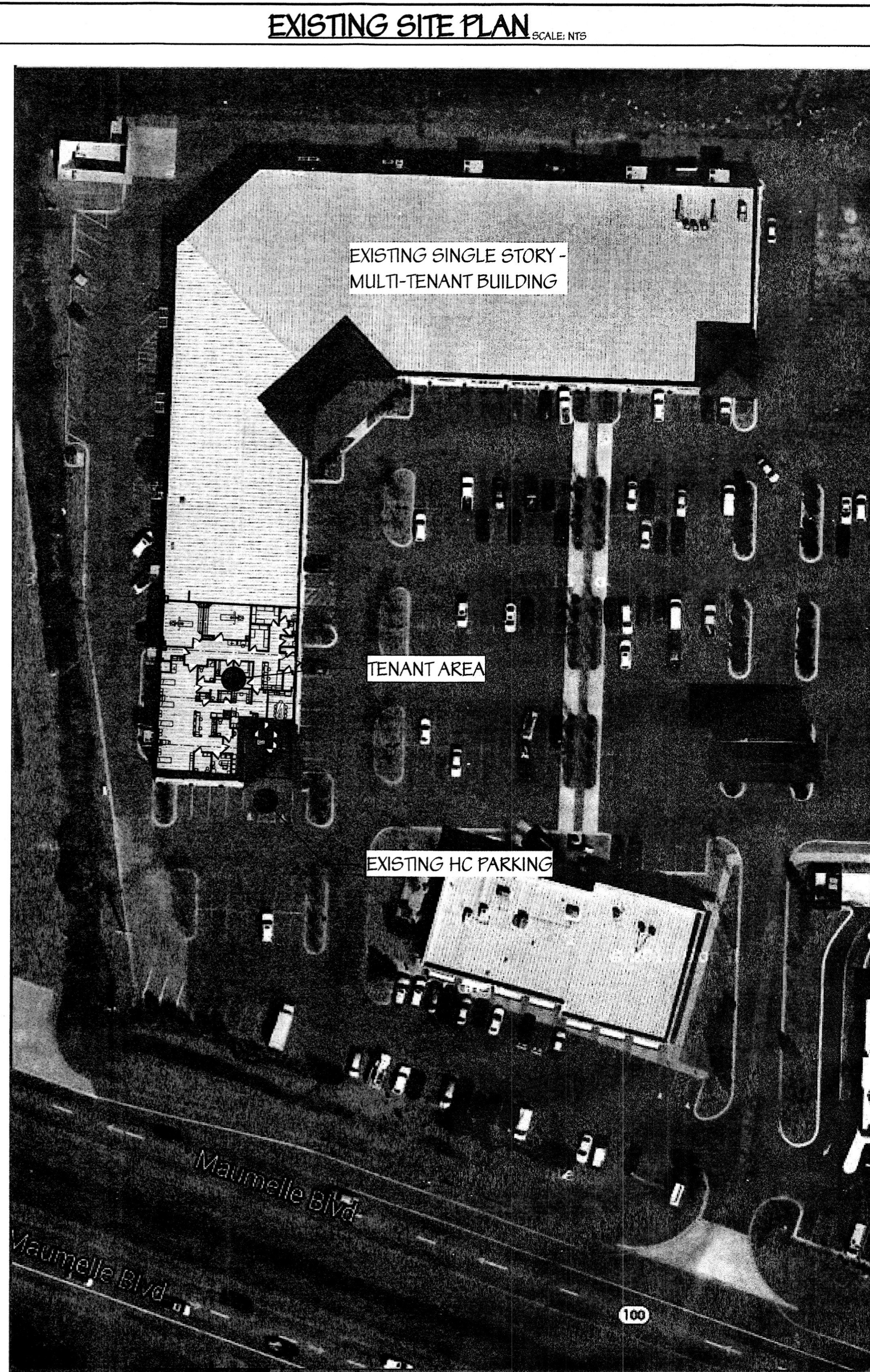
THIS FACILITY MUST STAY OPEN DURING ALL PHASES OF CONSTRUCTION AND IT IS ANTICIPATED THAT MUCH, IF NOT ALL, OF THIS WORK WILL BE DONE DURING EVENINGS AND WEEKEND. COORDINATION OF THE WORK FOR EACH EVENING AND / OR WEEKEND MUST BE CAREFULLY COORDINATED WITH BOTH THE OWNER'S CONSTRUCTION MANAGEMENT REPRESENTATIVE BUT ALSO THE ON-SITE FACILITY MANAGER. PRIOR TO THE WORK TO BE DONE EACH EVENING OR WEEKEND, THE GENERAL CONTRACTOR SHALL PROVIDE A SUMMARY OF THE WORK INTENDED TO BE ACCOMPLISHED AND SHALL IDENTIFY ANY AREAS OR ITEMS THAT MAYBE IMPACTED FOR THE NEXT WORKING DAY. THE INTENT IS TO MAKE SURE THERE IS A CLEAR UNDERSTANDING OF WHAT WILL BE DONE IN THE CLINIC WHEN STAFF IS NOT THERE AND TO SET CONCRETE EXPECTATIONS AS TO WHAT THE STAFF WILL FIND AND ENCOUNTER THE FOLLOWING DAY.

COMMUNICATIONS BETWEEN THE GENERAL CONTRACTOR, THE CONSTRUCTION MANAGER AND THE SITE MANAGER ARE GOING TO BE IMPERATIVE FOR A SUCCESSFUL PROJECT. THE GENERAL CONTRACTOR SHALL HAVE THEIR PROJECT MANAGER, THE PERSON RESPONSIBLE OF ALL COMMUNICATIONS FOR THIS PROJECT - NOT THE PROJECT SUPERINTENDENT, ON SITE DURING ALL PERIODS OF WORK WHEN THERE ARE CONSTRUCTION ACTIVITIES OCCURRING DURING BUSINESS HOURS WHEN STAFF IS ALSO ON SITE. THIS PROJECT MANAGER SHALL ALSO BE ON SITE DURING TRANSITION TIMES BETWEEN THE END OF BUSINESS AND START OF CONSTRUCTION WORK AS REQUIRED TO INSURE THE ON-SITE FACILITY MANAGER HAS A CLEAR UNDERSTANDING OF THE WORK BEING DONE AND EXPECTATIONS AS OUTLINED ABOVE.

NOTE: CONTRACTOR AND SUB-CONTRACTORS SHALL VISIT THIS BUILDING AND TENANT AREA AND BE FAMILIAR WITH ALL THE EXISTING CONDITIONS PRIOR TO CONTRACT AWARD

# TENANT RENOVATIONS FOR: Vascular Surgery Center of Central Arkansas

11771 Maumelle Blvd  
 North Little Rock, AR 72113



TENANT AREAS AREA ON THE FIRST FLOOR OF AN EXISTING SINGLE STORY BUILDING  
 MINOR INTERIOR CHANGES OF EXISTING TENANT SPACE. WORK DOES NOT EFFECT THE EXISTING OCCUPANCY OR EGRESS

**DRAWING INDEX:**

T1	TITLE SHEET	ARCHITECTURAL
A1	FLOOR PLAN, WALL TYPES AND NOTES	CORTLAND MORGAN ARCHITECT
A2	CEILING AND DEMO PLANS AND DETAILS	711 N. FIELDER ROAD
		ARLINGTON, TEXAS 76012
M0.00	MECHANICAL SYMBOLS AND ABBREVIATIONS	817-635-5686 FAX 817-635-5689
M0.01	MECHANICAL SPECIFICATIONS	
M1.01	MECHANICAL FLOOR PLAN	
P0.00	PLUMBING SYMBOLS AND ABBREVIATIONS	MECHANICAL / ELECTRICAL
P0.01	PLUMBING SPECIFICATIONS	DAWSON VAN ORDEN
P1.01	PLUMBING FLOOR PLAN	CONSULTING ENGINEERS
P2.01	PLUMBING SCHEDULES AND DETAILS	1250 WOOD BRANCH PARK DRIVE
		SUITE 210
E0.00	ELECTRICAL SYMBOLS AND ABBREVIATIONS	HOUSTON, TEXAS 77079
E0.01	ELECTRICAL SPECIFICATIONS	281-293-7500 FAX 410-452-8046
E1.01	LIGHTING FLOOR PLAN	
E1.02	POWER FLOOR PLAN	
E2.01	ELECTRICAL NOTES, SCHEDULES AND DETAILS	
E2.02	SCHEDULES AND ECC CALCULATIONS	

**LIFELINE PROJECT MANAGER**  
 IN SYNC  
 1213 OLD PYLESVILLE ROAD  
 WHITEFORD, MARYLAND 21160  
 410-452-8006 FAX 410-452-8046  
 EMAIL - [kpugeley@insyncdesign.com](mailto:kpugeley@insyncdesign.com)

**CODE ANALYSIS**

2012 AR FIRE PREVENTION CODE, VOL 1  
 (BASED ON 2012 INTERNATIONAL FIRE CODE)  
 2012 AR FIRE PREVENTION CODE, VOL 2  
 (BASED ON 2012 INTERNATIONAL BUILDING CODE)

	EXISTING BLDG	PROPOSED RENOVATIONS
OCCUPANCY CLASSIFICATION	B - BUSINESS	UNCHANGED
TYPE OF CONSTRUCTION	2B (UN PROTECTED)	UNCHANGED
NUMBER OF FLOORS	ONE	UNCHANGED
SPRINKLER SYSTEM	YES	YES
EXISTING TENANT SPACE	5065 SQUARE FEET	
RENOVATED TENANT SPACE		500 SQUARE FEET
OCCUPANT LOAD (B OCCUPANCY CLASSIFICATION @ 100 PER OCCUPANT)		TWO
NUMBER OF EXITS REQUIRED		THREE
NUMBER OF EXITS PROVIDED		

**NOTE:**  
 THIS FACILITY MEETS THE 2012 IBC DEFINITION OF "AMBULATORY CARE FACILITY" IN CHAPTER 2, SECTION 202. PER THE USE AND OCCUPANCY CLASSIFICATIONS IN CHAPTER 3, SECTION 304, AMBULATORY CARE FACILITIES ARE PART OF THE BUSINESS USE GROUP. THIS PROJECT HAS BEEN DESIGNED TO MEET THE SPECIAL DETAILED REQUIREMENTS BASED ON USE AND OCCUPANCY, CHAPTER 4, SECTION 422, AMBULATORY CARE FACILITIES.

**PROJECT DESCRIPTION:**  
 THIS PROJECT IS TO MAKE SOME MINOR MODIFICATIONS TO ALLOW THIS FACILITY TO MEET THE STATE REQUIREMENTS FOR AN AMBULATORY SURGICAL CENTER. BESIDES OTHER MINOR RENOVATIONS THIS TENANT HAS ELECTED TO INSTALL A BACKUP GENERATOR THAT WILL RUN CERTAIN AREAS OF THE EXISTING TENANT SPACE. THE ORIGINAL PROJECT ANTICIPATED A FUTURE GENERATOR.

**VICINITY MAP** SCALE: NTS



DATE: 03/26/2018  
 JOB NO: 11247  
 DRAWN: STAFF  
 CHECKED: CM

711 N. FIELDER RD.  
 ARLINGTON, TX 76012  
 PH: (817) 635-5686  
 FAX: (817) 635-5689

**DAWSON VAN ORDEN**  
 CIVIL, STRUCTURAL, MECHANICAL, ELECTRICAL, PLUMBING, AND TECHNOLOGY

**Lifeline Project Manager**  
**In Sync**  
 1213 Old Pyleville Road  
 Whiteford, MD 21160  
 Office 410-452-8006 Fax 410-452-8046

**Vascular Surgery Center of Central Arkansas**  
 11771 Maumelle Blvd  
 North Little Rock, AR 72113

**REVISIONS**

NO.	DATE	DESCRIPTION
A	ISSUE	DATE
B	ISSUE	DATE
C	ISSUE	DATE
D	ISSUE	DATE
E	ISSUE	DATE
F	ISSUE	DATE
G	ISSUE	DATE
H	ISSUE	DATE

**TITLE SHEET**

SHEET NUMBER

**T1**

I hereby certify that these plans and specifications have been prepared by me, or under my direct supervision. I further certify that to the best of my knowledge these plans and specifications are as required by law and in compliance with the Arkansas Fire Prevention Code for the State of Arkansas

*Ca* Architect  
 3/24/18 Date