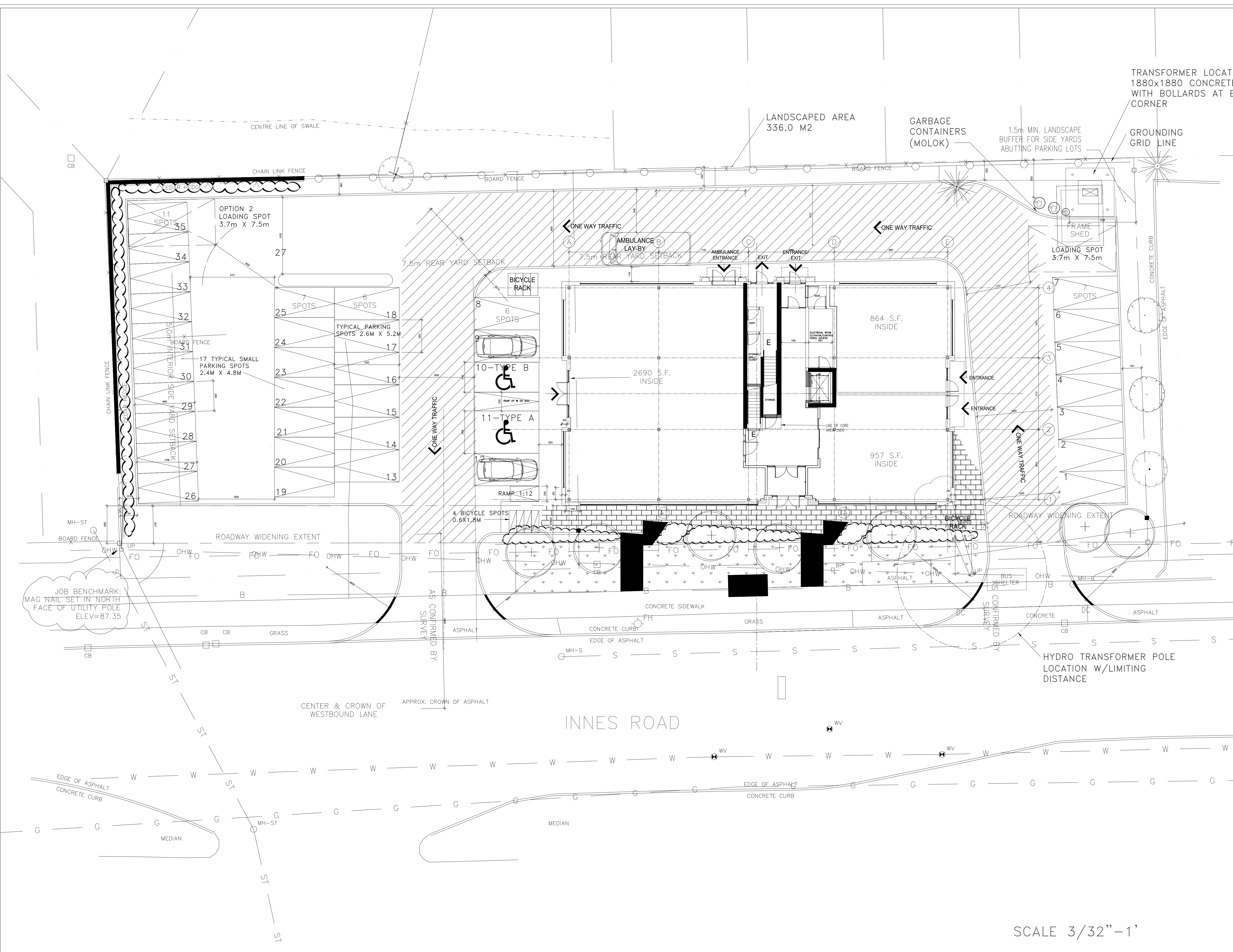




X	X	
1	ISSUED FOR REVIEW	12/11/2024
no.	revision	date

MARK JANCZARSKI
P.ENG
30 SAI CRESCENT
OTTAWA, ONTARIO K1G 5N8
Tel: (613) 799-4982

The undersigned has reviewed and takes responsibility for this design, and has the qualifications and meets the requirements set out in the Ontario Building Code

NAME: **MARK JANCZARSKI** 29521 BCN
SIGNATURE: *[Signature]* BCN

north point

professional stamp

DEC.10, 2024

IDEAL HEALTH CENTRE
4405 INNES ROAD
ORLEANS
OTTAWA, ONTARIO

drawing title

**PROPOSED SITE PLAN
PARKING LOT, ACCESS
SERVICES**

drawn AM/MJ		approved MJ
date		revision
job no. 07-01-2017	S - 1	1

SCALE 3/32"=1'