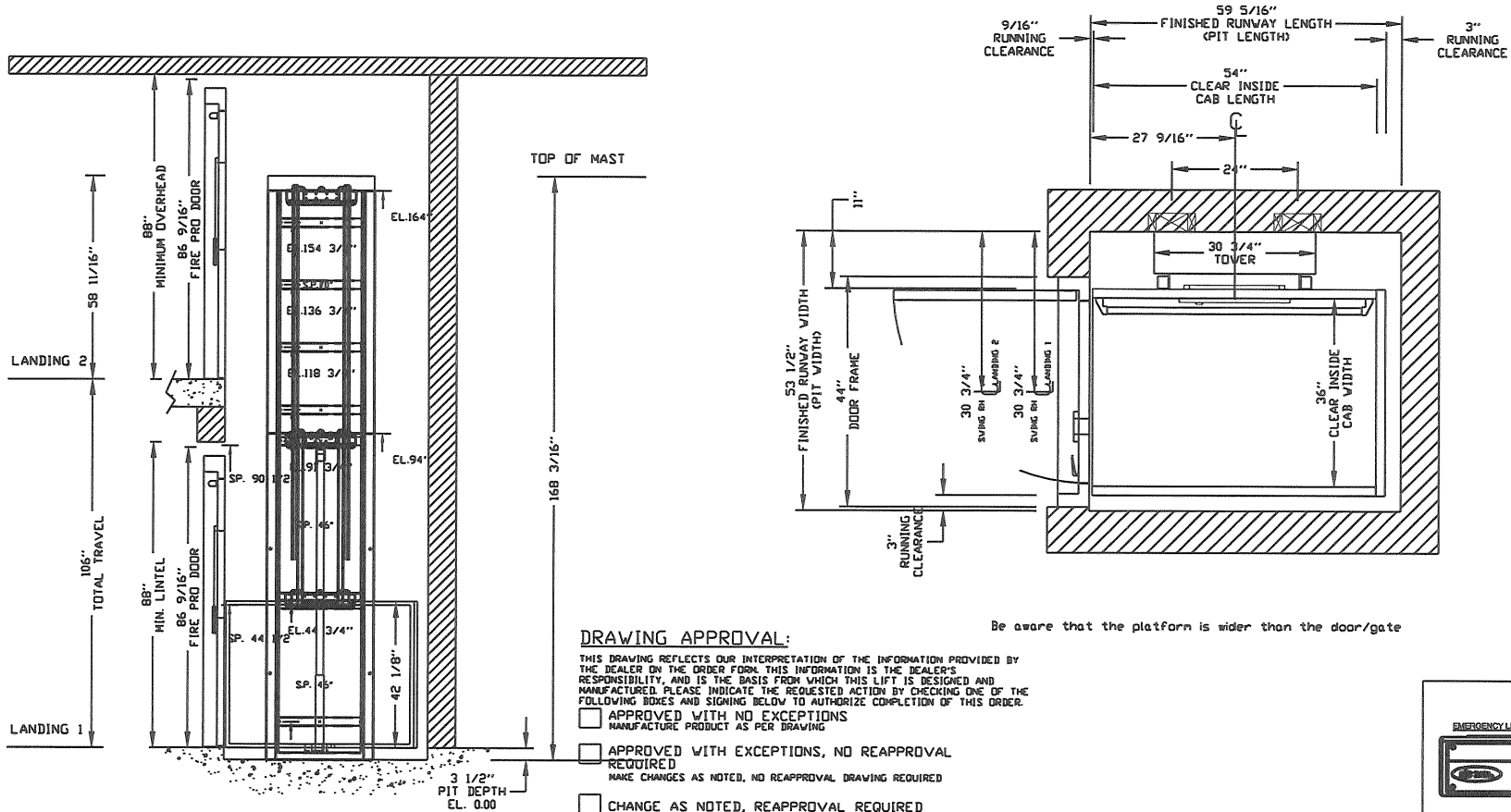


# TYPICAL PLAN



**ELEVATION B-B**

N.B. pre-extension req.

**DRAWING APPROVAL:**

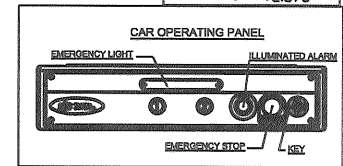
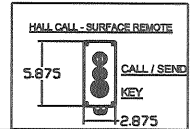
THIS DRAWING REFLECTS OUR INTERPRETATION OF THE INFORMATION PROVIDED BY THE DEALER ON THE ORDER FORM. THIS INFORMATION IS THE DEALER'S RESPONSIBILITY, AND IS THE BASIS FROM WHICH THIS LIFT IS DESIGNED AND MANUFACTURED. PLEASE INDICATE THE REQUESTED ACTION BY CHECKING ONE OF THE FOLLOWING BOXES AND SIGNING BELOW TO AUTHORIZE COMPLETION OF THIS ORDER.

- APPROVED WITH NO EXCEPTIONS  
MANUFACTURE PRODUCT AS PER DRAWING
- APPROVED WITH EXCEPTIONS, NO REAPPROVAL REQUIRED  
MAKE CHANGES AS NOTED, NO REAPPROVAL DRAWING REQUIRED
- CHANGE AS NOTED, REAPPROVAL REQUIRED  
MAKE CHANGES AS NOTED, SEND CORRECTED DRAWING FOR REAPPROVAL BEFORE MANUFACTURE

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CAUTION: ONCE THE DRAWING IS APPROVED, JOB CANCELLATION FEES WILL APPLY.

Be aware that the platform is wider than the door/gate



**OFFICE USE ONLY:**  
 CONFIGURATION VERSION STAMP: 0.0  
 MODUC VERSION STAMP: B-S-4.1

Part No. \_\_\_\_\_  
 Variant No. **20662**

**GENERAL ARRANGEMENT**  
 ENCLOSED VERTICAL WHEELCHAIR PLATFORM LIFT

CUSTOMER: **ALL-WAYS ACCESSIBLE, INC. - SES**  
 PROJECT: **Mascoma Area Senior Center**  
 ADDRESS: **No. Street, City**

DATE: **07/13/11**  
 FROM: **07/13/11**  
 COMPLETION: **about 05/11**

**savaria**   
 JOB No. **115318** SHEET No. **1 OF 5**