

SETBACK REQUIRED ON 30% OF STREET FRONTAGE
 TOTAL FRONTAGE: 150'-0"
 TOTAL FRONTAGE W/ SETBACK: 49'-3"
 32.8% - MEETS REQUIREMENT

PROPOSED 5,772 SF VET CLINIC
 ONE-STORY BUILDING
 W/ 7 FT HIGH CRAWL SPACE
 TYPE V-B CONSTRUCTION

SEAL:
PRELIMINARY
 NOT FOR CONSTRUCTION

**BARLOW TRAIL
 VETERINARY CLINIC**
 38952 PIONEER BLVD.
 SANDY, OR 97055

JOB NUMBER:	1914
DRAWN:	NG
CHECKED:	JF
DATE:	Sept 29th, 2022
REVISIONS	

SHEET NAME:
 SITE PLAN

PRELIMINARY
 SHEET NUMBER:

A1.1

1 PRELIMINARY SITE PLAN
 SCALE: 1/8" = 1'-0"



R.O.W. CHANGES BASED
 ON CITY'S PREFERRED
 ALTERNATIVE, TO BE
 VERIFIED

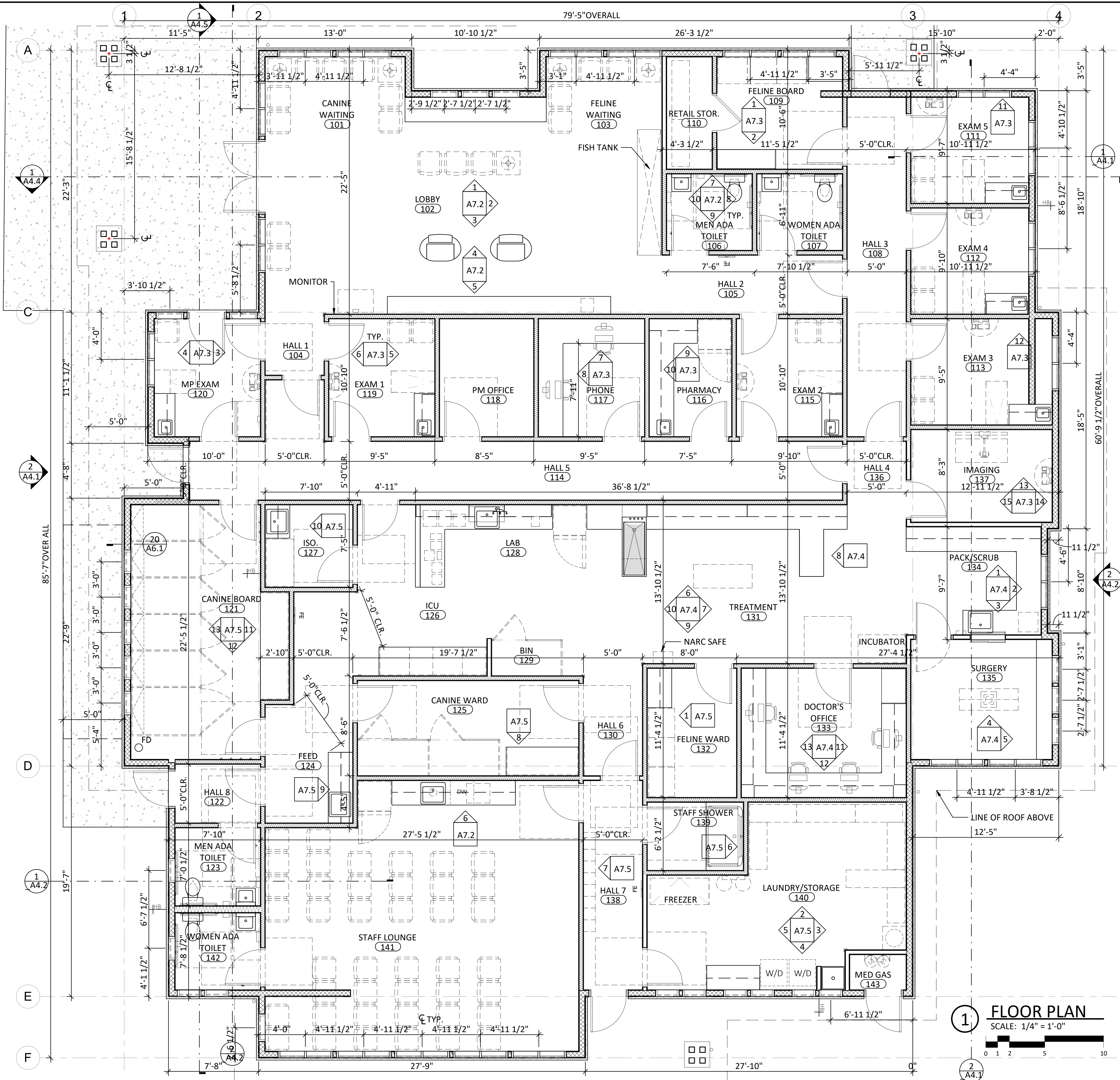
FLOOR PLAN LEGEND

- EXISTING WALL
 - NEW FRAMED WALL OR PARTITION, SEE ALSO STRUCTURAL DRAWINGS IF APPLICABLE
 - 8" CMU WALL
 - CONCRETE WALL
 - 2X6 FRAMING W/ BATT INSULATION
 - SOUND INSULATION IN PARTITION AND 4'-0" EACH SIDE ON CEILING
 - 1-HR RATED FIRE WALL
- ROOM**
 ROOM NAME & ROOM NUMBER (FIRST NUMBER INDICATES FLOOR NUMBER)
- FIRE EXTINGUISHER SUGGESTED LOCATION (VERIFY W/ FIRE MARSHALL)
- WALL TYPE INDICATOR TYPE "1" TYP., U.O.N.
 WALL TYPE INDICATOR WALL TYPES 1 THRU # COORDINATE W/ DETAIL NUMBERS ON SHEET A.X. U.O.N.
 1. TYPICAL, UNLESS OTHERWISE NOTED
 2. SOUND WALL
 3. 1 HOUR FIRE RATED WALL
- HOSE BIBB
 FLOOR DRAIN
 CORNER GUARD
- DOOR IDENTIFICATION NUMBER, SEE SCHEDULE
- WINDOW/RELITE IDENTIFICATION NUMBER, SEE SCHEDULE
- SECTION CUT INDICATOR INDICATES SECTION DRAWING # ON SHEET INDICATES SHEET #
- DETAIL INDICATOR INDICATOR FOR AREA/OBJECT DETAIL INDICATES # ON SHEET INDICATES SHEET #
- INTERIOR ELEVATION INDICATOR INDICATES ELEVATION # ON SHEET INDICATES SHEET # INDICATES DIRECTION OF VIEW(S)

FLOOR PLAN GENERAL NOTES

1. FILL ALL SCRATCHES, DENTS, CRACKS, HOLES, OPENINGS, IRREGULARITIES, AND/OR DEFECTS IN BOTH EXISTING AND NEW WALL SURFACES WITH PLASTER PATCH, SPACKLING, JOINT COMPOUND, OR OTHER PRESCRIBED MATERIALS IN AN INDUSTRY APPROVED MANNER TO PROVIDE A UNIFORM FINISHED WALL SURFACE TO MATCH EXISTING CONDITIONS. CLEAN AND SAND SMOOTH ALL SURFACES BEFORE APPLYING FINISH MATERIAL.
2. REMOVE ALL EXCESS BUILD-UP OF EXISTING AND/OR NEW WALL AND PAINT MATERIALS FROM ALL NEW AND EXISTING WALL SURFACES INCLUDING BUT NOT EXCLUSIVE OF: PLASTER, PATCHING COMPOUND, PUTTY, MASTIC, ETC. CLEAN AND FINISH SAND SMOOTH WALL SURFACE READY FOR THE APPLICATION OF FINISH.
3. PROVIDE FOR A UNIFORM FINISHED WALL SURFACE ALL THE WAY DOWN TO THE FINISHED FLOOR TO ALLOW FOR THE PROPER INSTALLATION OF THE SPECIFIED WALL BASE. THAT INCLUDES TAPING AND FINISHING ALL VERTICAL JOINTS AND BEADS DOWN TO THE FINISHED FLOOR ALONG WITH FILLING ALL SCREW HOLES AND FILLING ALL VOIDS.
4. LEVEL THE FLOOR SURFACE/SUBSTRATE WITH A LATEX UNDERLAYMENT SMOOTH AND FREE FROM CRACKS, HOLES, RIDGES, COATINGS PREVENTING ADHESIVE BOND AND OTHER DEFECTS IMPAIRING PERFORMANCE OR APPEARANCE. MAXIMUM ALLOWABLE SLOPE IS 1/4" IN 10'-0". FINISH SAND SMOOTH TO PROVIDE AN ADEQUATE SUBSTRATE FOR THE INSTALLATION OF THE SCHEDULED FLOORING MATERIAL.

INTERIOR WALL DIMENSIONS MEASURED FROM FINISH FACE OF WALL, TYP.



1 FLOOR PLAN
 SCALE: 1/4" = 1'-0"



architectural works, inc.
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BARLOW TRAIL VETERINARY CLINIC



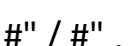
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SHEET NAME:
FLOOR PLAN

PRELIMINARY
 SHEET NUMBER:
A2.1

ROOF PLAN LEGEND

-  DS DOWNSPOUT
-  GUTTER W/ DOWNSPOUT, COORDINATE LOCATION IN FIELD
-  #"/#" ROOF SLOPE INDICATOR

ROOF PLAN GENERAL NOTES

1. ALL EAVE DIMENSIONS ARE FROM EXTERIOR FACE OF STUD TO EXTERIOR FACE OF FASCIA BOARD.
2. SEE REFLECTED CEILING PLAN SHEET A3.1 FOR ADDITIONAL SOFFIT INFORMATION.
3. THE AREA BETWEEN DRAFT STOPS PER IBC SEC. 717.43 IS 3,000 SQ. FT. THE PROPOSED ATTIC SPACE IS #,### SQ. FT. THEREFORE, DRAFT STOPS ARE NOT REQUIRED IN THE ATTIC SPACE.
4. DRAFT STOPS ARE REQUIRED IN THE FLOOR-CEILING SEPARATION EVERY 1,000 SQ. FT. OF FLOOR AREA. THE PROPOSED FLOOR-CEILING SEPARATION MEASURES #,### S.F. THEREFORE, NO FLOOR-CEILING SEPARATION DRAFT STOPS ARE REQUIRED. (OR SEE A3.1 FOR LOCATIONS.)

ATTIC VENTILATION CALCULATIONS

TOTAL ATTIC AREA = X,XXX SF

REQUIRED VENTILATION AREA IS 1/300 OF ATTIC AREA PER IBC 1203.2 EXCEPTION 2 FOR HAVING A CLASS I OR II VAPOR BARRIER ON THE WARM SIDE OF THE INSULATION.
 $XXXX / 300 = X.XX$ SF (APPROXIMATELY XX SF)

AT LEAST 50% (X SF) IS REQUIRED FOR UPPER VENTILATION.

PROPOSED UPPER VENTILATION:

- * TYPE OF VENT
- X.X SF NET FREE AREA EA.
- # @ X.X SF = XX.X SF NET FREE AREA

TOTAL UPPER VENTILATION: XX.X S.F.

PROPOSED LOWER VENTILATION:

- * TYPE OF VENT
- .XX S.F. PER LINEAL FOOT
- # LF @ .XX S.F. = XX S.F.

TOTAL LOWER VENTILATION: XX S.F.

TOTAL VENTILATION

UPPER VENTILATION XX.X SF
 LOWER VENTILATION + XX.X SF
 TOTAL = XX.X SF: COMPLIES

*TYPE OF VENTS:

RIDGE VENT

12 SI NET FREE AREA PER LINEAR FOOT
 2 VENTS, 39 LT = ### SI = #.## SF NET FREE AREA

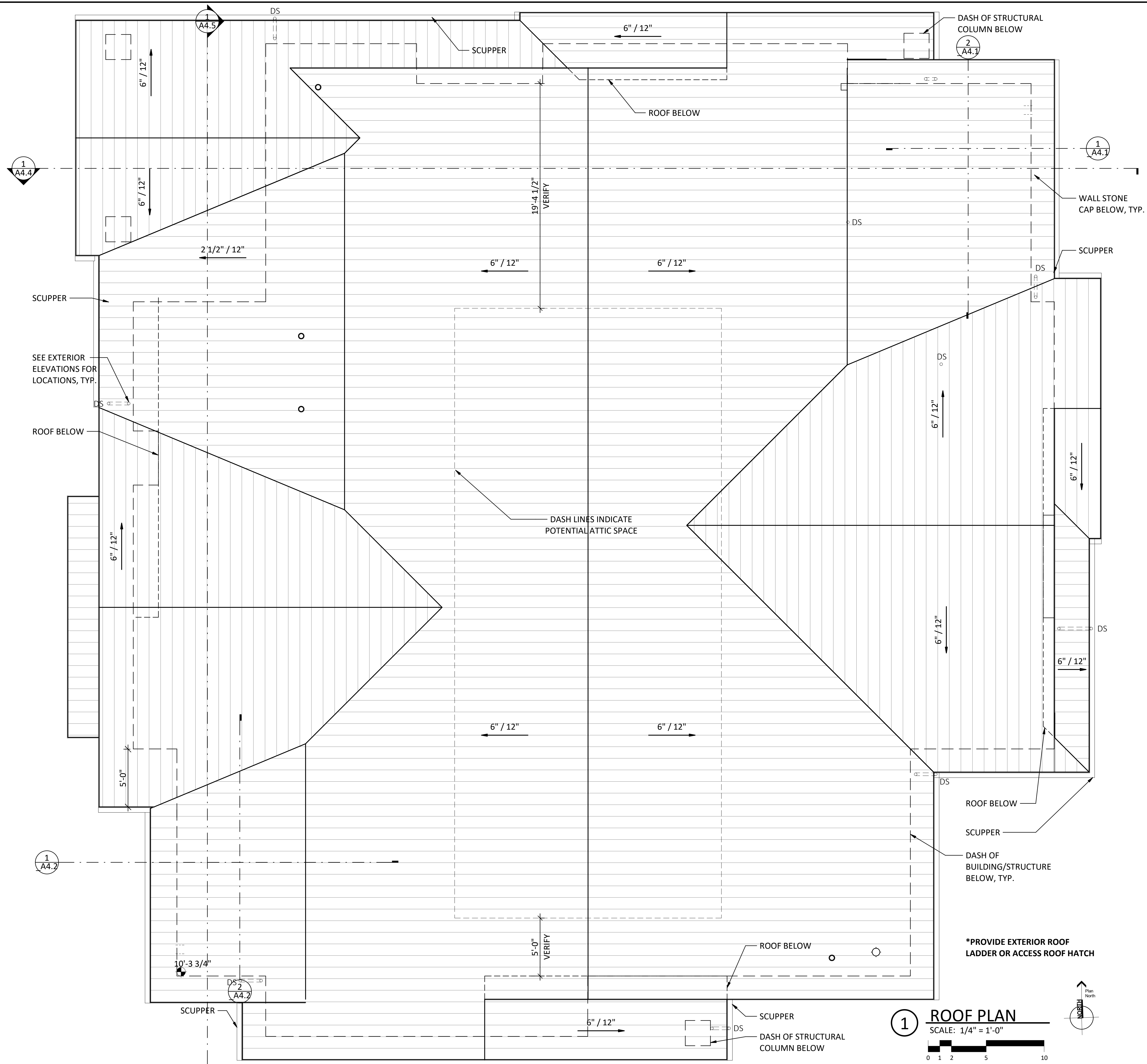
GABLE END VENT (SEE ELEVATIONS)


0.5 SF NET FREE AREA PER SQUARE FOOT
 1 VENT AT # SF
 0.5 SF x # SF = # NET FREE AREA

EAVE VENTS

2" DIA. HOLES (2.355 SI NET FREE AREA EACH)
 3 HOLES PER 2' BAY = 9.42 SI
 ##'-#" / 2' BAY = ##'-#" x 9.42 SI = ###.# SI = ## SF

PER IMC 306.5 ROOF EQUIPMENT ACCESS:
 WHEN EQUIPMENT IS LOCATED MORE THAN 16'-0" ABOVE GRADE A MEANS OF ACCESS SHALL BE PROVIDED. OBSTRUCTIONS MUST BE LESS THAN 30" IN HEIGHT AND NO PORTABLE LADDERS SHALL BE USED.



1 ROOF PLAN
 SCALE: 1/4" = 1'-0"


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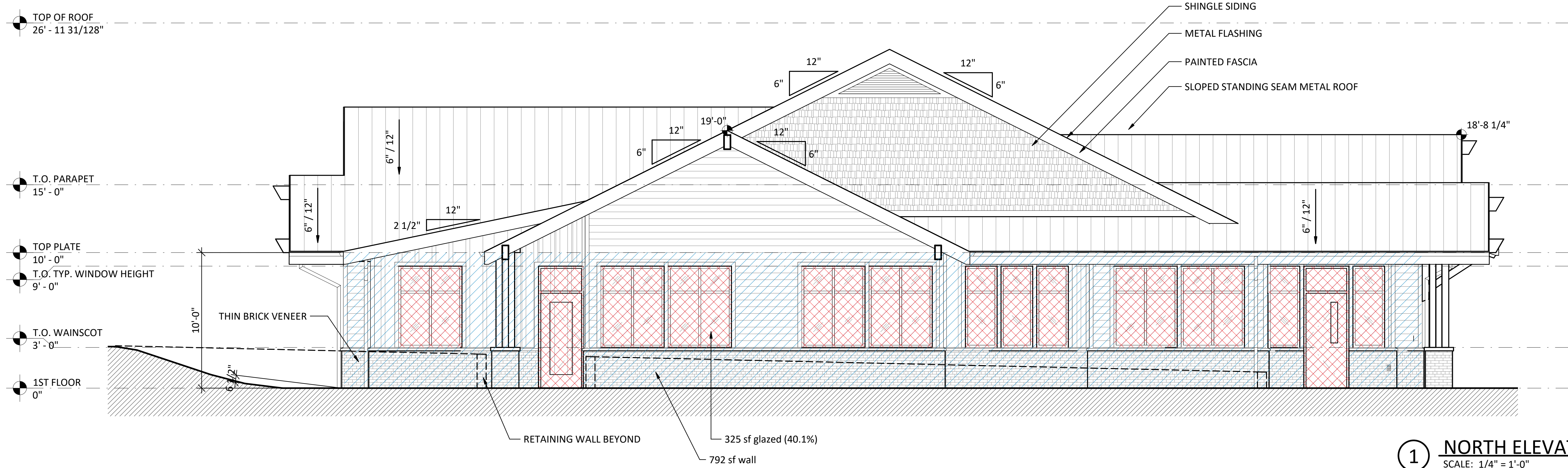
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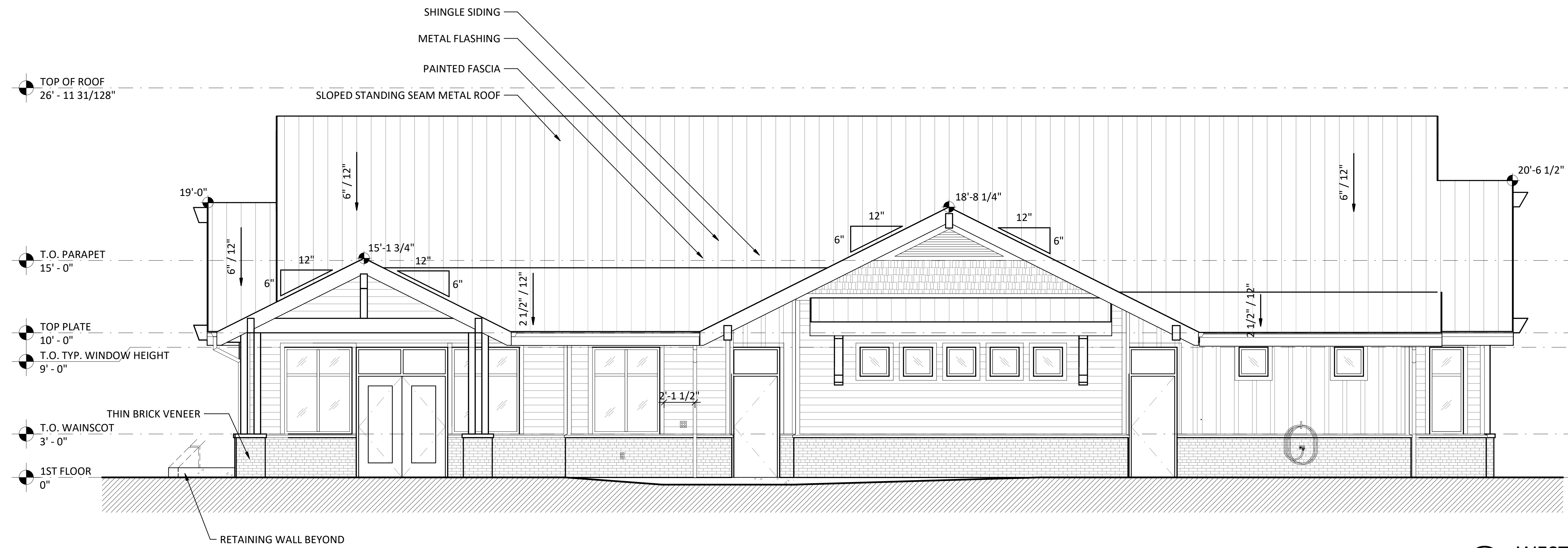
PRELIMINARY
 SHEET NUMBER:

A2.3

SEAL:
PRELIMINARY
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1 NORTH ELEVATION
SCALE: 1/4" = 1'-0"
0 1 2 5 10



2 WEST ELEVATION
SCALE: 1/4" = 1'-0"
0 1 2 5 10

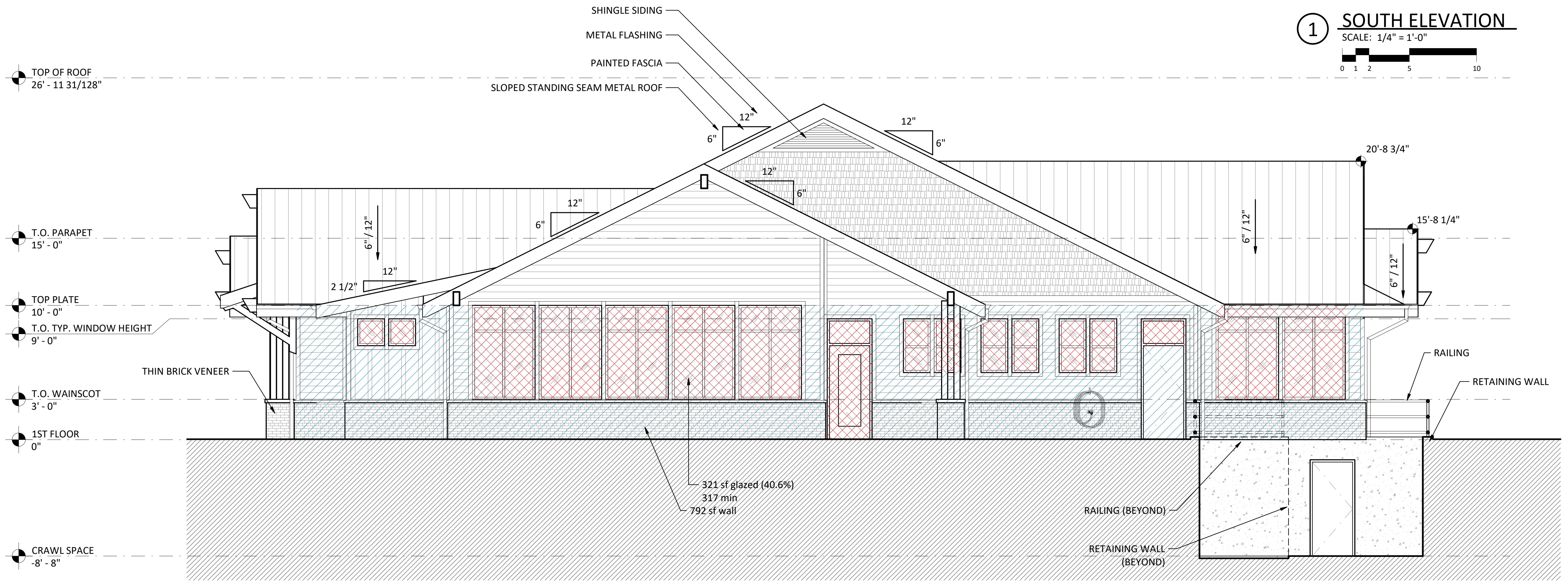
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SHEET NAME:
**EXTERIOR
ELEVATIONS**

PRELIMINARY
SHEET NUMBER:

A4.1



1 SOUTH ELEVATION
SCALE: 1/4" = 1'-0"
0 1 2 5 10

321 sf glazed (40.6%)
317 min
792 sf wall

SEAL:
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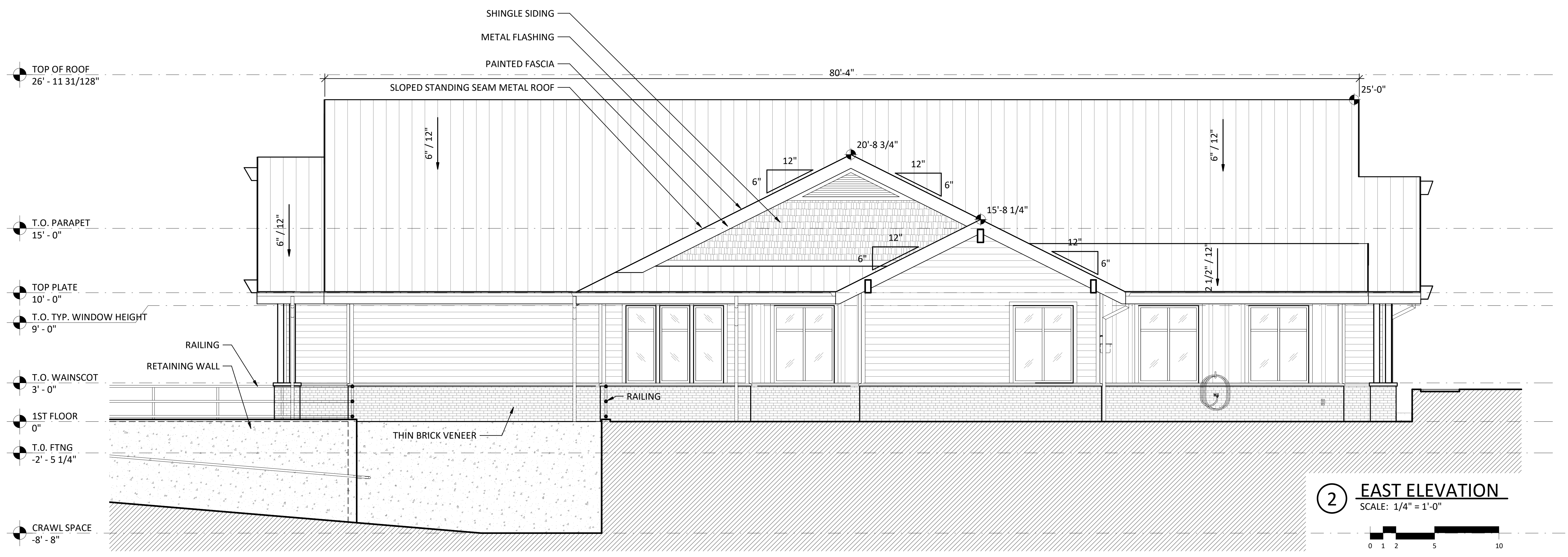
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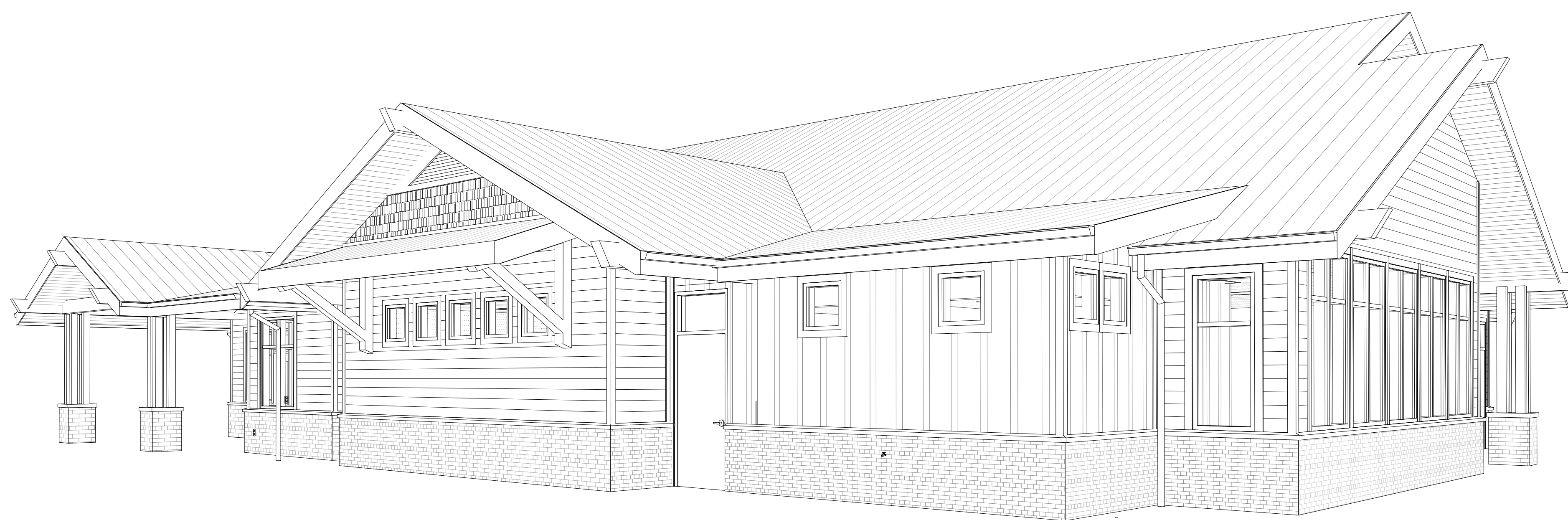
A4.2



2 EAST ELEVATION
SCALE: 1/4" = 1'-0"
0 1 2 5 10



① PIONEER PERSPECTIVE
SCALE: _____



② STRAUS PERSPECTIVE
SCALE: _____

SEAL:
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SHEET NAME:
**BUILDING
PERSPECTIVES**

PRELIMINARY
SHEET NUMBER:

A4.3