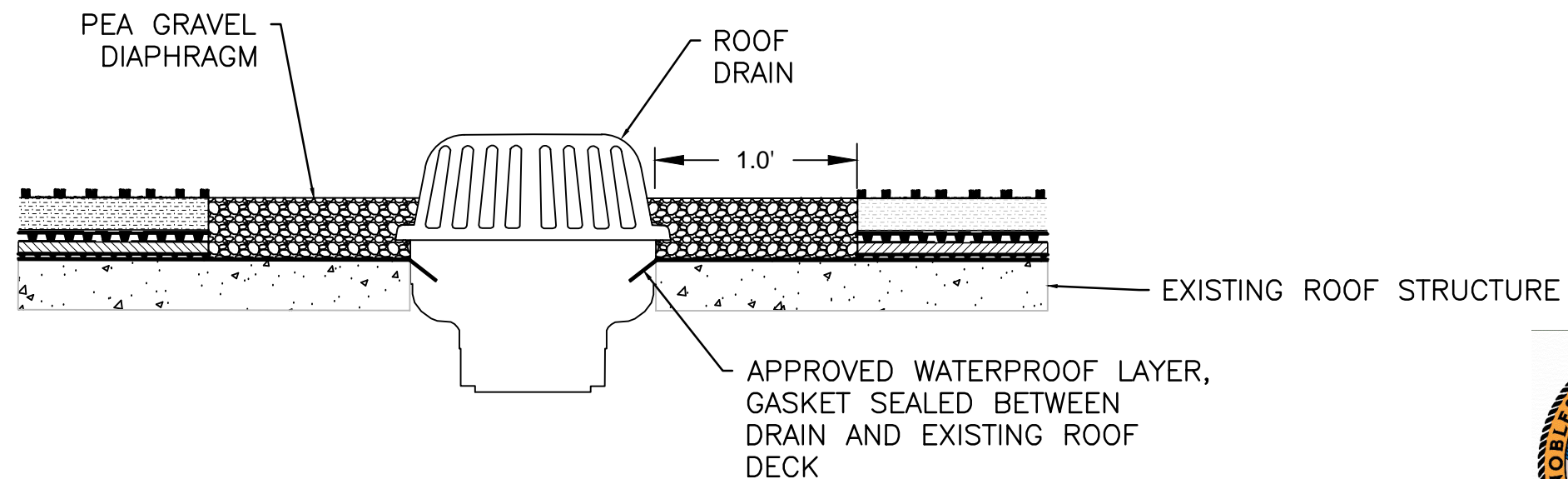


*TO GUTTERS OR ROOF DRAINS



CONSULTANT NAME
STREET NUMBER AND ADDRESS

SAN DIEGO COUNTY

VEGETATED/GREEN ROOF

____% SUBMITTAL	PROJECT NO.: _____	DATE: _____
DRWN. BY: _____	DSGN. BY: _____	CHKD. BY: _____
		SHEET NO.: ____ OF ____