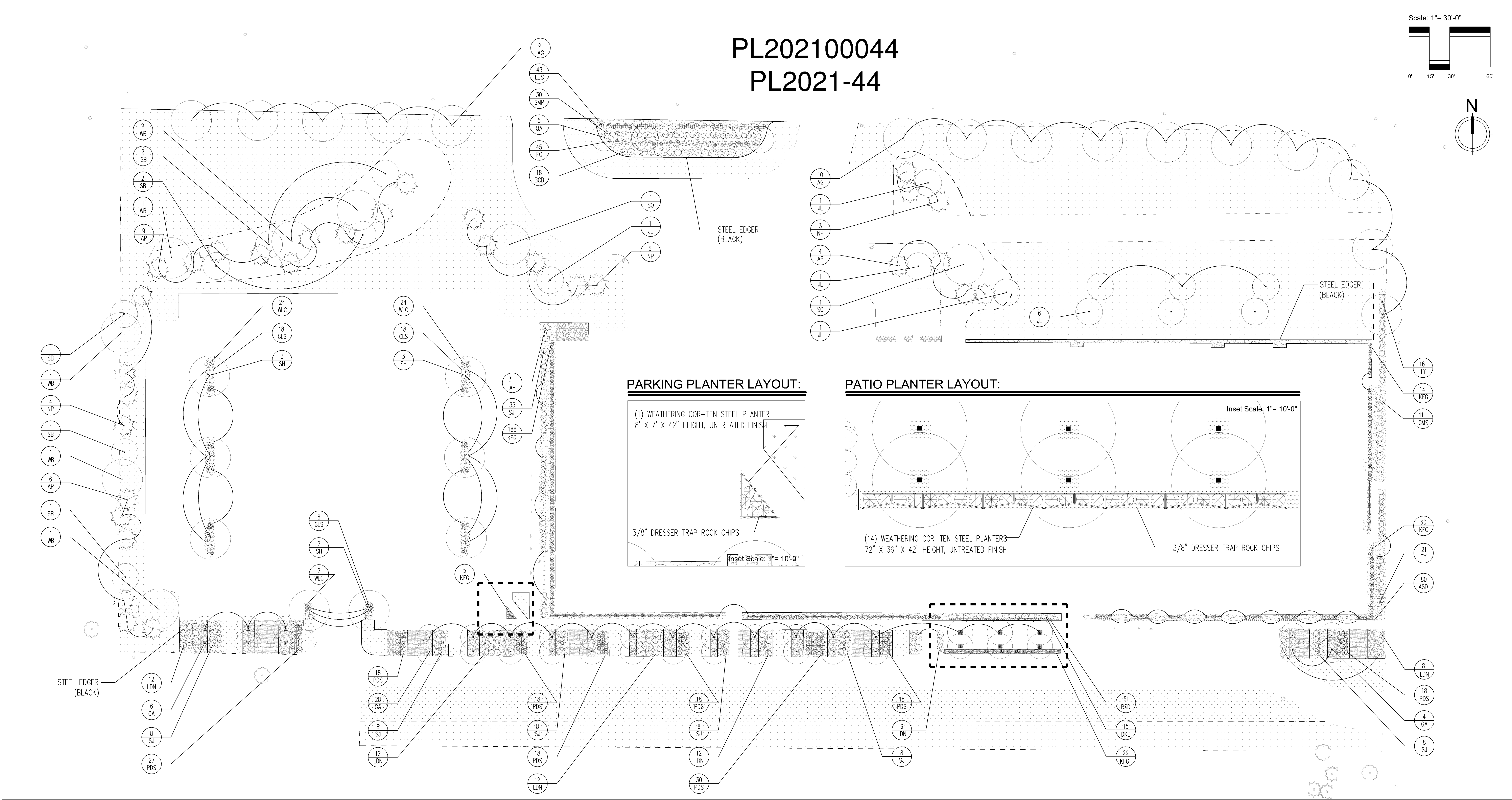




revisions		
no.	date	description
#1.	3-2-2021	city comments
#2.	5-7-2021	site revisions
#3.	6-8-2021	site revisions

I hereby certify that this plan specification, or report was prepared by me or under my direct supervision and that I am a duly Licensed Landscape Architect under the laws of the state of Minnesota

Signed: _____

Name: Thomas J. Trzynka

Date: 02.09.2021

License No.: 44491

PRELIMINARY -
NOT FOR
CONSTRUCTION

phase date Pre-DRG 02.09.2021

drawn by TT
project number 20-002
project name

SICK - CAMPUS USA
PHASE 1

LANDSCAPE
PLAN

P1-100