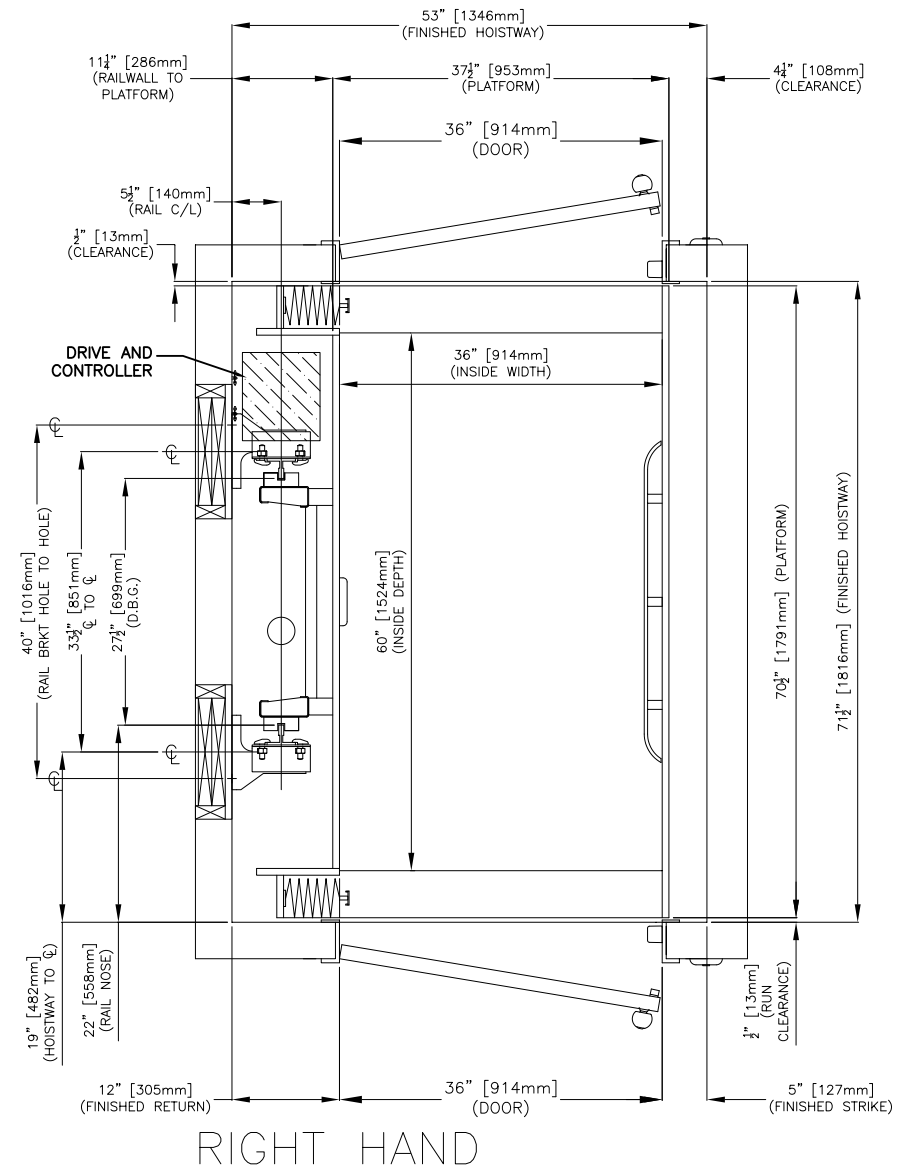
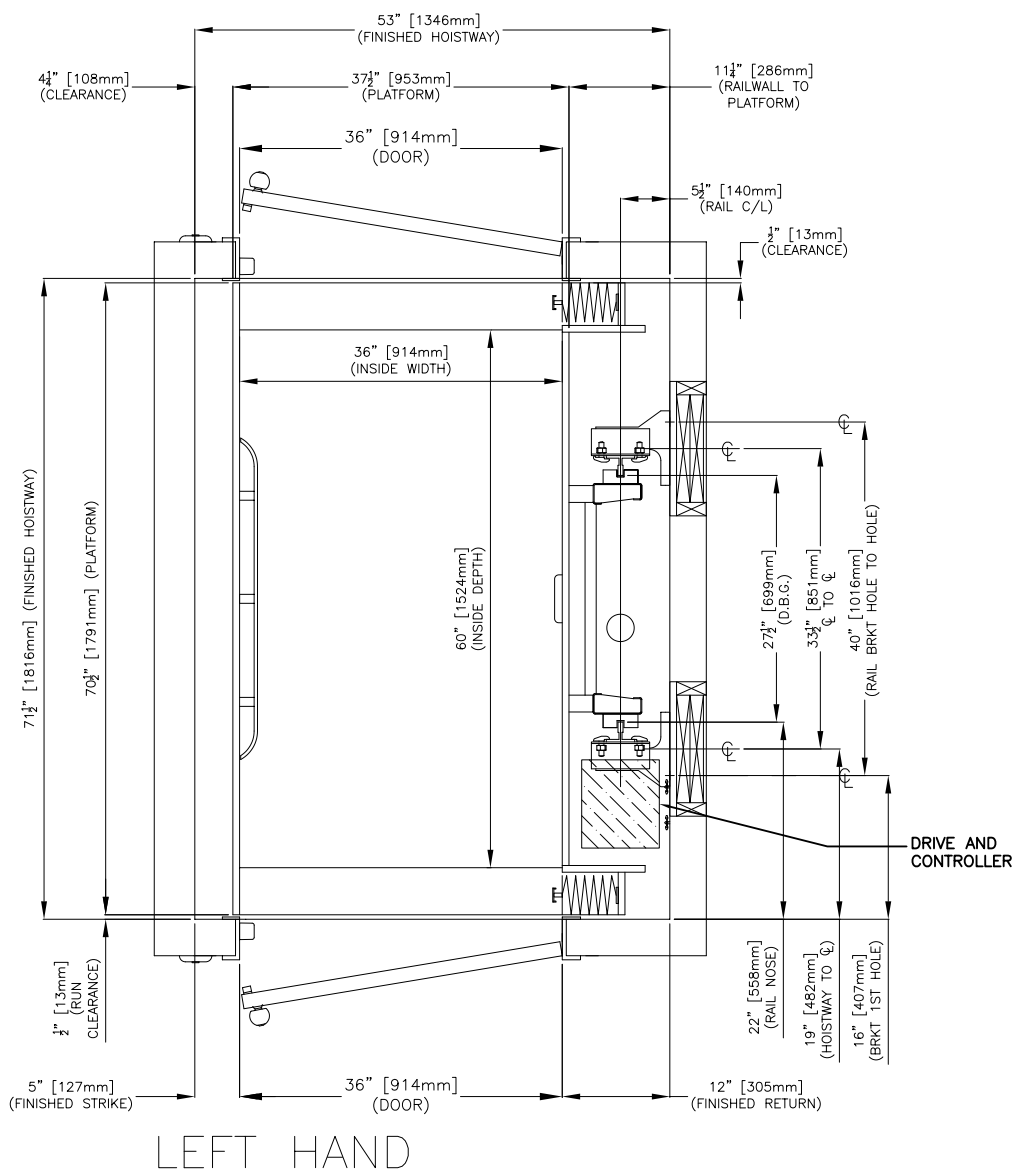


# Manual gate – Front & Rear

## Minimum wheelchair access w/ one person MRL



PROJECT NAME:	XXXXX	DRAWN BY: XX
PROJECT NUMBER	XXXXX	CHECKED BY: XX
LOCATION	XXXXX	DATE:
ELEVATOR COMPANY	XXXXX	XXXXX
GENERAL CONTRACTOR	XXXXX	SCALE: NTS REV: X
ARCHITECT	XXXXX	SHEET: S1-P1/1
DRAWING:	Wheelchair accessible w/ one person	