



MATCHLINE 'A' SEE ABOVE RIGHT

MATCHLINE 'A' SEE BELOW LEFT

SAINT FRANCIS ELEMENTARY & SAINT FRANCIS MIDDLE SCHOOL
C.S.A.H. 24/C.S.A.H. 28 AMBASSADOR BLVD.

NO	DATE	BY	CHKD	APPR	REVISION

I HEREBY CERTIFY THAT THIS PLAN WAS PREPARED BY ME OR UNDER MY DIRECT SUPERVISION AND THAT I AM A DULY REGISTERED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MINNESOTA.

PRINT NAME: _____
SIGNATURE: _____
DATE: _____ REG. NO. _____

DRAWN BY: ST DATE 11/29/05
DESIGN BY: _____ DATE _____
CHECKED BY: _____ DATE _____

ANOKA COUNTY
HIGHWAY DEPT.

STATE PROJECT NO. _____
STATE AID PROJECT NO. _____
COUNTY PROJECT NO. _____

D.F.B. SIGN
S.O.P. LAYOUT

Sheet 1 of 1