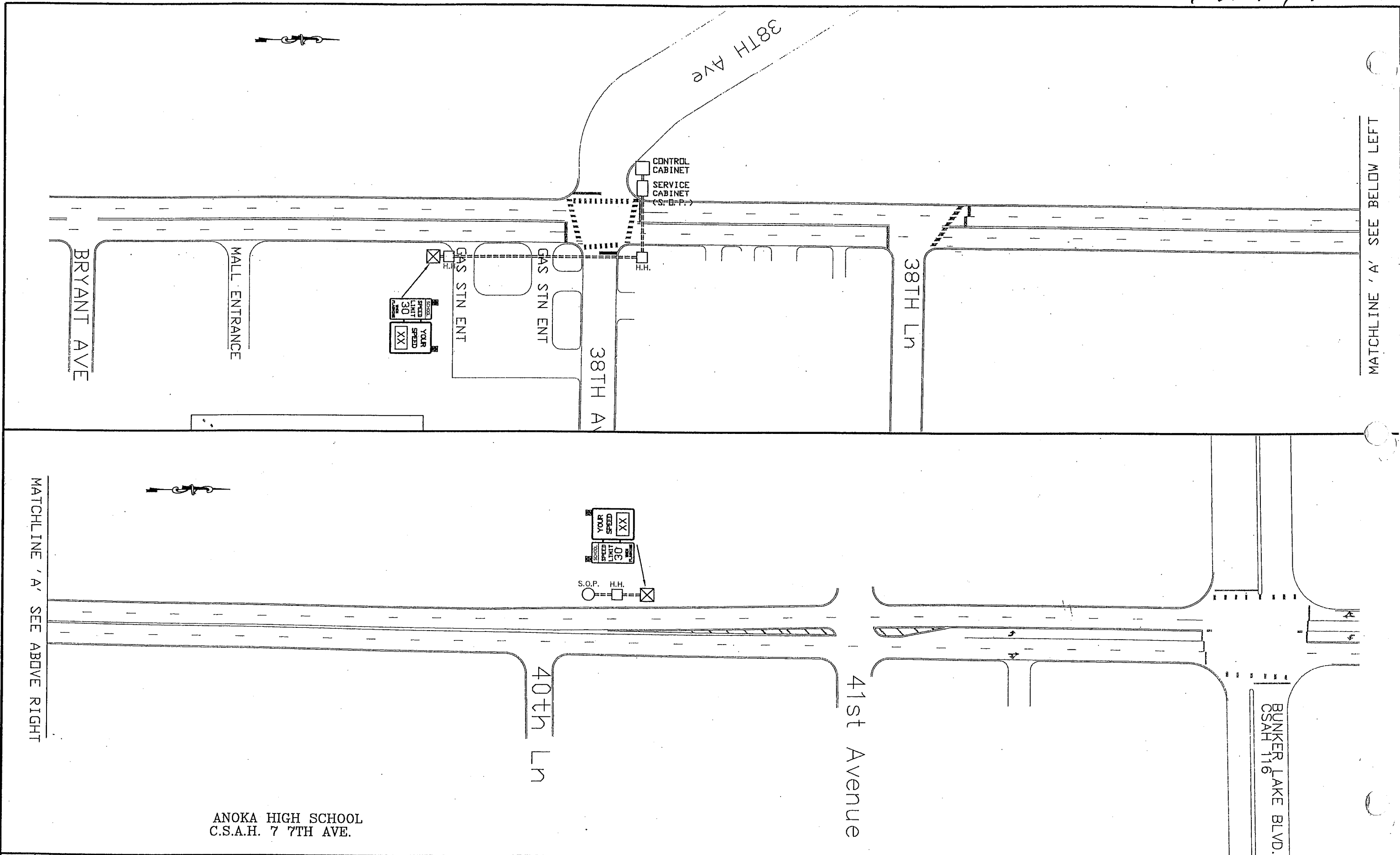


→ 7919/7920



ANOKA HIGH SCHOOL  
C.S.A.H. 7 7TH AVE.

NO	DATE	BY	CKD	APPR	REVISION

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

PRINT NAME: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

DRAWN BY: ST DATE 12/27/05  
 DESIGN BY: \_\_\_\_\_ DATE \_\_\_\_\_  
 CHECKED BY: \_\_\_\_\_ DATE \_\_\_\_\_

**ANOKA COUNTY**  
**HIGHWAY DEPT.**

STATE PROJECT NO. \_\_\_\_\_  
 STATE AID PROJECT NO. \_\_\_\_\_  
 CITY PROJECT NO. \_\_\_\_\_  
 COUNTY PROJECT NO. \_\_\_\_\_

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