



C.S.A.H. 78 HANSON BLVD.
EPIPHANY SCHOOL

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 REGISTERED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MINNESOTA.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

REC. NO. _____

DRAWN BY S.T. DATE 3/13/06

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