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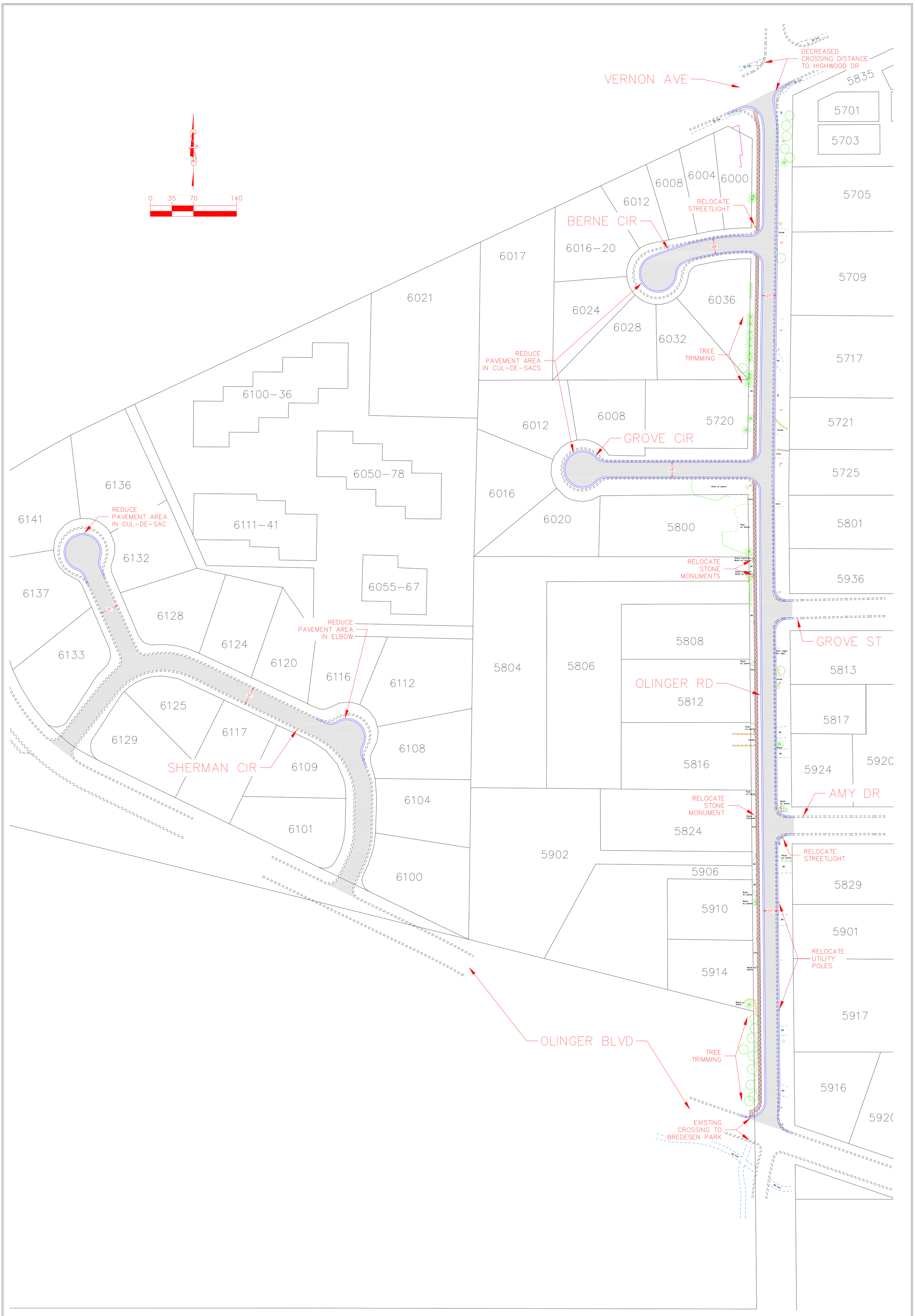

SHEET 1 OF 1	CONTR.#ENG 17-XX	DATE: 07/25/16	APPROVED:
		CHECKED:	DRAWN: AJS

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

DATE: _____ LIC. NO. _____

2017 NEIGHBORHOOD ROADWAY IMPROVEMENTS

CITY OF EDINA
7450 METRO BOULEVARD
EDINA, MN 55439-3037
Ph: 952-826-0371
Fax: 952-826-0392

COUNTRYSIDE G PRELIMINARY DESIGN

NO.	DATE	BY	REMARKS

REVISIONS