

Notes

SIGNATURES: DEPT OF HEALTH

DISTRICT MANAGER

DATE

AREA MANAGER

DATE

CLINIC MANAGER

DATE

Stamped by Plans Approval Committee

Revisions

Rev no	Date	Description	Rev by

Checked by Consultant

Name
Signature
Date

Checked by Project Leader

Name
Signature
Date

Consultant

INCLINE
ARCHITECTS

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Client

KZN Health
PROVINCE OF KWAZULU-NATAL
HEAD: HEALTH

Project

THULASIZWE CLINIC
ZNB 1009 / 2021-H

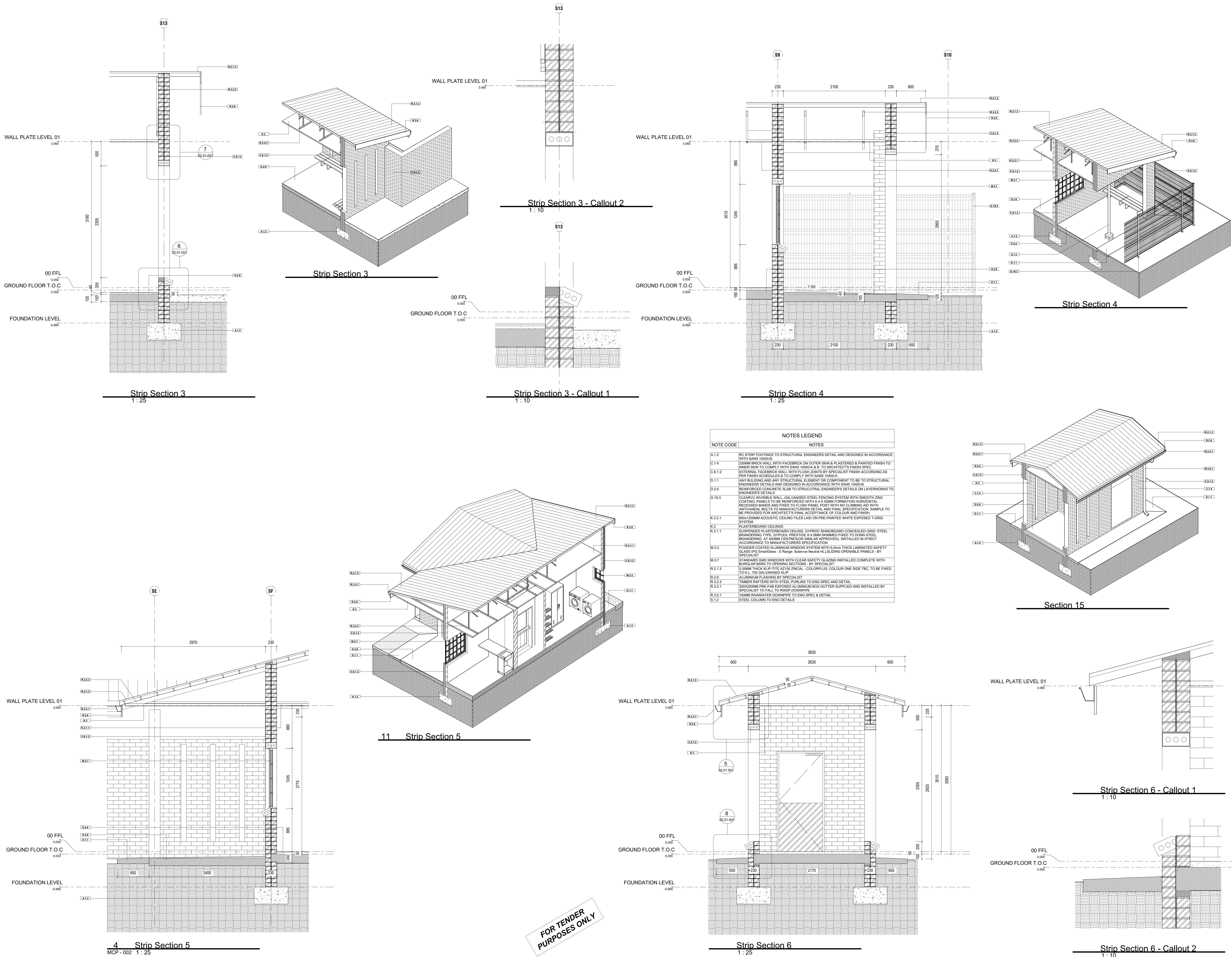
Drawing description

CLINIC STRIP SECTIONS 02

Drawn
DRO
Scale/s
1:100
Date
14/08/2024

Consultant Drawing number
109 - STRIP SECT 02
Revision
0

DOH Drawing number
109 - STRIP SECT 02
Revision
00



FOR TENDER
PURPOSES ONLY