

***FULL SIZED PLANS ARE IN THE BLACK FILING CABINET**

BETNR Construction Corp., Inc.

**TRANSMITTAL
No. 8**

880 Airport Road, Suite 108
Ormond Beach, FL 32174

Phone: (386)677-6462
Fax: (386)677-6478

PROJECT: Hospital renovation

DATE: 01/13/2010

TO: Craig Coffey
County Administrator, Flagler County, FL
1769 E. Moody Blvd
Building 2, Suite 302
Bunnell, FL32110

REF:

RECEIVED

JAN 13 REC'D

COUNTY ADMINISTRATOR
FLAGLER COUNTY, FLORIDA

ATTN: Craig Coffey

WE ARE SENDING:	SUBMITTED FOR:	ACTION TAKEN:
<input type="checkbox"/> Shop Drawings	<input type="checkbox"/> Approval	<input type="checkbox"/> Approved as Submitted
<input type="checkbox"/> Letter	<input checked="" type="checkbox"/> Your Use	<input type="checkbox"/> Approved as Noted
<input checked="" type="checkbox"/> Prints	<input type="checkbox"/> As Requested	<input type="checkbox"/> Resubmit
<input type="checkbox"/> Change Order	<input type="checkbox"/> Review and Comment	<input type="checkbox"/> Submit
<input type="checkbox"/> Plans	<input type="checkbox"/> Other:	<input type="checkbox"/> Returned
<input type="checkbox"/> Samples	SENT VIA:	<input type="checkbox"/> Returned for Corrections
<input type="checkbox"/> Specifications	<input checked="" type="checkbox"/> Attached	<input type="checkbox"/> Due Date:
<input type="checkbox"/> Other:	<input type="checkbox"/> Separate Cover Via:	<input type="checkbox"/> Other:

SUBMITTAL	DRAWING	ITEM NO.	COPIES	DATE	DESCRIPTION
			1		Site Plan
			1		Existing Floor Plan

REMARKS:

Attached are the plan as you requested.

Please feel free to call me if you need additional information.

Signed:


James Newslow "Tim"

Received By: _____

Date:

01/13/2010

Date: _____