

Application Date: 10-10-06

Proof of WI Seller's Permit No. _____

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) <u>Granite City Food + Brewery Ltd.</u>		Liquor/Beer Agent <u>Russell E. Carroll</u>	
Mailing Address <u>5402 Parkdale Dr., Ste 101</u>		Liquor/Beer Agent Address <u>1009 Hickory Court</u>	
City/State/Zip Code <u>St Louis Park MN 55416</u>		Liquor/Beer City/State/Zip Code <u>Sun Prairie WI 53590</u>	
Name of Registered Agent or General Partner <u>CT Corporation System</u>		Local Contact Person Phone Number	
Trade Name <u>Granite City Food & Brewery</u>		Estimated Opening Date <u>December 2006</u>	
Business Address <u>454 S. Gammon Rd.</u>		Signature of Owner/Operator	
Type of Business <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Tavern <input type="checkbox"/> Grocery Store <input type="checkbox"/> Caterer <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____			
Food and Drink License? Needed for: <u>Restaurant</u>			
Private Club? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
License Description	Type	Fee	Number
<u>Class B Combination</u>	<u>108</u>	<u>20-</u>	<u>76188</u>
Pre-Inspection & License Fees Non-Refundable		TOTAL	\$

IT IS MANDATORY THAT ALL APPLICABLE INFORMATION BE COMPLETED. INACCURATE INFORMATION MAY RESULT IN SUSPENSION OR REVOCATION OF LICENSE.

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning _____ 20____ ;
ending June 20 07

TO THE GOVERNING BODY of the: Town of } Madison
 Village of }
 City of }

County of Dane Aldermanic Dist. No _____ (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN): <u>41-1883639</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

- 1 The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above

- 2 Name (individual/partners give last name first middle; corporations/limited liability companies give registered name): ▶ Granite City Food and Brewery LTD

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>Mr. Steven Jay Wagenheim</u>	<u>321 Westwood Drive N. Golden Valley, MN 55422</u>	
Vice President/Member	<u>COO Timothy Carey</u>	<u>920 Kuhlman Lane, Maplewood, MN 55109</u>	
Secretary/Member	<u>Ms Monica Underwood</u>	<u>7039 1st Avenue South, Richfield, MN 55423</u>	
Treasurer/Member	<u>CFO Peter Hausback</u>	<u>6428 Pinnacle Dr, Eden Prairie, MN 55345</u>	
Agent ▶	<u>CT Corporation System, 8025 Excelsior Drive, Suite 200, Madison, WI 53717</u>		

Directors/Managers ▶ Russell E. Carroll, 1009 Hickory Ct, Sun Prairie

3 Trade Name ▶ Granite City Food and Brewery Business Phone Number 952-215-0660

4 Address of Premises ▶ 454 S Gammon Road, Madison, Wisconsin Post Office & Zip Code ▶ 53719

- 5 Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
- 6 Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
- 7 Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
- 8 (a) Corporate/limited liability company applicants only: Insert state MN and date 6/20/199 of registration
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No
- (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above)
- 9 Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters if used, for the sales, service, and/or storage of alcohol beverages and records (Alcohol beverages may be sold and stored only on the premises described) Please See Attached Diagram
- 10 Legal description (omit if street address is given above): Please See Attached
- 11 (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
- (b) If yes, under what name was license issued?
- 12 Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630 5) before beginning business? [phone 1-800-937-8864] Yes No
- 13 Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2 above? [phone (608) 266-2776] Yes No
- 14 Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license

SUBSCRIBED AND SWORN TO BEFORE ME

this 10th day of October, 20 06 Peter Hausback, CFO
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

Teri T. Moen
(Clerk/Notary Public) Monica Underwood
(Member/Manager of Limited Liability Company /Partner)

My commission expires 01/31/2010 **NOTARY PUBLIC - MINNESOTA**
My Commission Expires Jan 31, 2010 (Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>10-10-06</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>76188</u>	

Legistar #04731

* Needs a real premise. *

City of Madison Liquor and/or Beer Original Supplemental Form

Office Use Only

- | | |
|--|--|
| <input type="checkbox"/> Seller's Permit Number
<input type="checkbox"/> Federal Employer Identification Number
<input type="checkbox"/> Notarized Original Application Form (AT-106)
<input type="checkbox"/> Notarized Supplemental Form
<input type="checkbox"/> Description of Licensed Premise
<input type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)
<input type="checkbox"/> Background Investigation Form(s)
<input type="checkbox"/> Floor Plans | <input type="checkbox"/> Lease
<input type="checkbox"/> Notarized Transfer of Ownership Letter
<input type="checkbox"/> *Schedule of Appointment of Agent (AT-104)
<input type="checkbox"/> *Notarized Agent Appointment/Acceptance Form
<input type="checkbox"/> *Articles of Incorporation/ Organization
<input type="checkbox"/> Sample Menu, if possible
<input type="checkbox"/> Business Plan, if one exists
* Forms required of Corporation/LLC only |
|--|--|

- ✓ All applicants must provide an adequate premise plan that includes exterior and interior dimensions, position of stairs and all entrances and exits, normal and customary use of each room, placement of major appliances, furniture and large gaming tables, placement and dimensions of all bar(s), and graphic representation of the normal position of booths, bar stools, tables and chairs. **Premise plans must be no larger than 8 ½ x 14.**
- ✓ New structures must submit to Building Inspection two sets of plans, signed and sealed by a registered architect or engineer.
- ✓ **Applicant/partners/Liquor Agent must be enrolled in or have completed the Beverage Server Training course before appearing before the Alcohol License Review Committee.**

Prior to your hearing before the Alcohol License Review Committee (ALRC), you must contact the Alderperson of the District in which you intend to do business, the representative of the appropriate neighborhood association (if any), and the Madison Police Department.

- Alderperson _____ can be reached at _____, at the Common Council Office (266-4071), or via e-mail at council@cityofmadison.com.
- The name of the neighborhood association representative can be obtained by calling the Planning and Development Department at 266-4635 or online at www.ci.madison.wi.us/neighborhoods/contacts.htm
- The Police Department Liaison, Sergeant Emil Quast, can be reached at 266-4451.

1. Have you contacted the Alderperson, Police Department Liaison and neighborhood association representative for the area in which you intend to locate? Yes No
2. Are there any special conditions desired by the neighborhood? Yes No
 Explain: _____
3. Name of Applicant/Partner/Corporation/LLC _____ Granite City Food and Brwery LTD
4. Telephone Number: 952-525-2071
5. Address of Licensed Premise 454 S Gammon Road, Madison WI 53719
6. Anticipated opening date: December 2006
7. Mailing address if not opening immediately 5402 Parkdale, Suite 101, St. Louis Park, MN 55416

8. What type of establishment is contemplated? Tavern Nightclub Restaurant
 Liquor Store Grocery Store Convenience Store – Gas Pumps Yes No
 Other Please explain Restaurant/Brewery

9. Business Description, including hours of operation and if entertainment is part of your venue, what type:
Restaurant/Brwery , hours of operation are 11 am to 1 am from Monday-Saturday
and 10 am to Midnight on Sunday. Please see attachment for more details of business

10. Describe building in detail, including overall dimensions, seating arrangements, capacity, bar size and all areas where alcohol beverages are to be sold and stored. **The licensed premise described below shall not be expanded or changed without the approval of the Common Council.**

Please See Attached Maps

11. Are any living quarters directly or indirectly accessible and under control of the applicant? Yes No
Alcohol may be sold and stored only on the licensed premise; not in living quarters.

12. Describe existing parking and how parking lot is to be monitored. The restaurant will share a parking lot with the mall. There are 1,000 parking

13. Describe your management experience, staffing levels, duties and employee training. stalls. Parking lot is well lit and marked. Mall security and local police patrol lot
Please see attached training manuals

14. Identify the **registered agent** for your Corporation or LLC. This is not necessarily the same person as your liquor/beer agent. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation. CT Corporation

8025 Excelsior Drive, Suite 200, Madison, ^{Name} WI 53717

Address

City

State

Zip

15. Excluding pre-packaged snacks, how late will food be served? 12:30 pm

16. What type of food will you be serving, if any? Please see Menu

17. Indicate any other product/service offered: Please see Menu

18. Describe your target market. We do not have a specific target market but a wide range
of demographics; covering from 21 to senior citizens including families who like
good food and good prices

19. Describe how you plan to advertise/promote your business Word of Mouth

20. What is your estimated capacity? 268 (overall indoor capacity of 316 including waiting customers)

21. Are you operating under a lease or franchise agreement? Yes No (If yes, attach a copy.)

Please see Attached Sublease and Lease

Madison Joint Ventures

22. Owner of building where establishment is located:

Address of Owner: CBL Center, Ste 500, 2030 Hamilton Place Chattanooga, TN Phone Number 37421

23. Individual or Partnership only: Have individual/partners completed the Beverage Server Training Course? Yes No If Yes, indicate names: _____

License cannot be issued until proof of Beverage Server Training completion is shown.

24. Corporation/LLC only: Will liquor/beer agent be a Wisconsin resident at the time of granting? Yes No

25. Corporation/LLC only: Agent must disclose interest held in business: 0 %

26. Corporation/LLC only: Has agent completed the Beverage Server Training Course? Yes No

License cannot be issued until proof of Beverage Server Training completion is shown.

27. Corporation/LLC only: List Directors, Stockholders, and Managers below.

Director(s) Name	Home Address
Please See Attachment	

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone

28. Private organizations (clubs): Do your membership policies contain any requirement of "Invidious" (likely to give offense) discrimination in regard to race, creed, color, or national origin? Yes No

29. Restaurant/Tavern Establishment Alcohol Beverage & Food Sales Report Pursuant to Chapter 23 of the Madison General Ordinances, all restaurants and taverns serving alcohol beverages shall substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. **For new establishments, the percentage will be an estimate.**

Calendar/fiscal year: January 1 – December 31 July 1 – June 30

Percent Gross Receipts from Alcohol Beverages	20	%
Percent Gross Receipts from Food	80	%
Percent Gross Receipts from Other		%
Total Gross Receipts	100	%

Do you have written records to document the percentages shown? Yes No (new location)
You may be required to submit documentation verifying the percentages you've indicated.

30. What type of establishment are you? (Check all that apply) Tavern Restaurant Nightclub
 Other Please explain: Restaurant/Brewery

Read carefully before signing: Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted will not be assigned to another. (Individual applicants and each member of a partnership must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premise during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME:

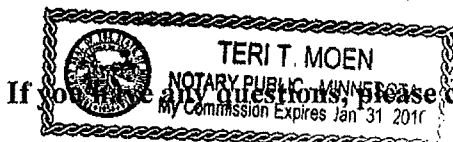
this 10th day of October, 2009
Teri T. Moen
(Clerk/Notary Public)

Paul H. H. H. H. H.
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

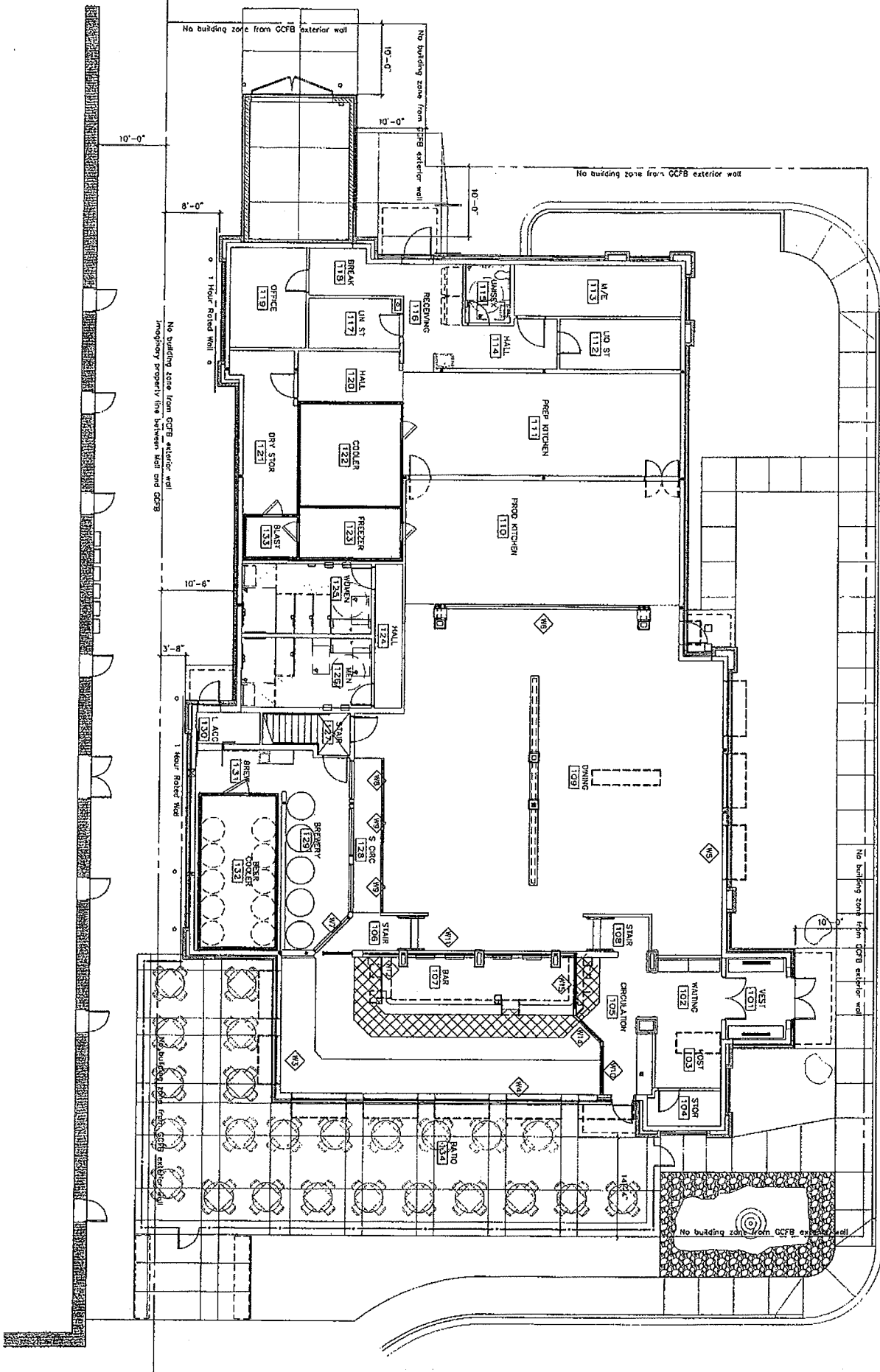
Janice Chulwood
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

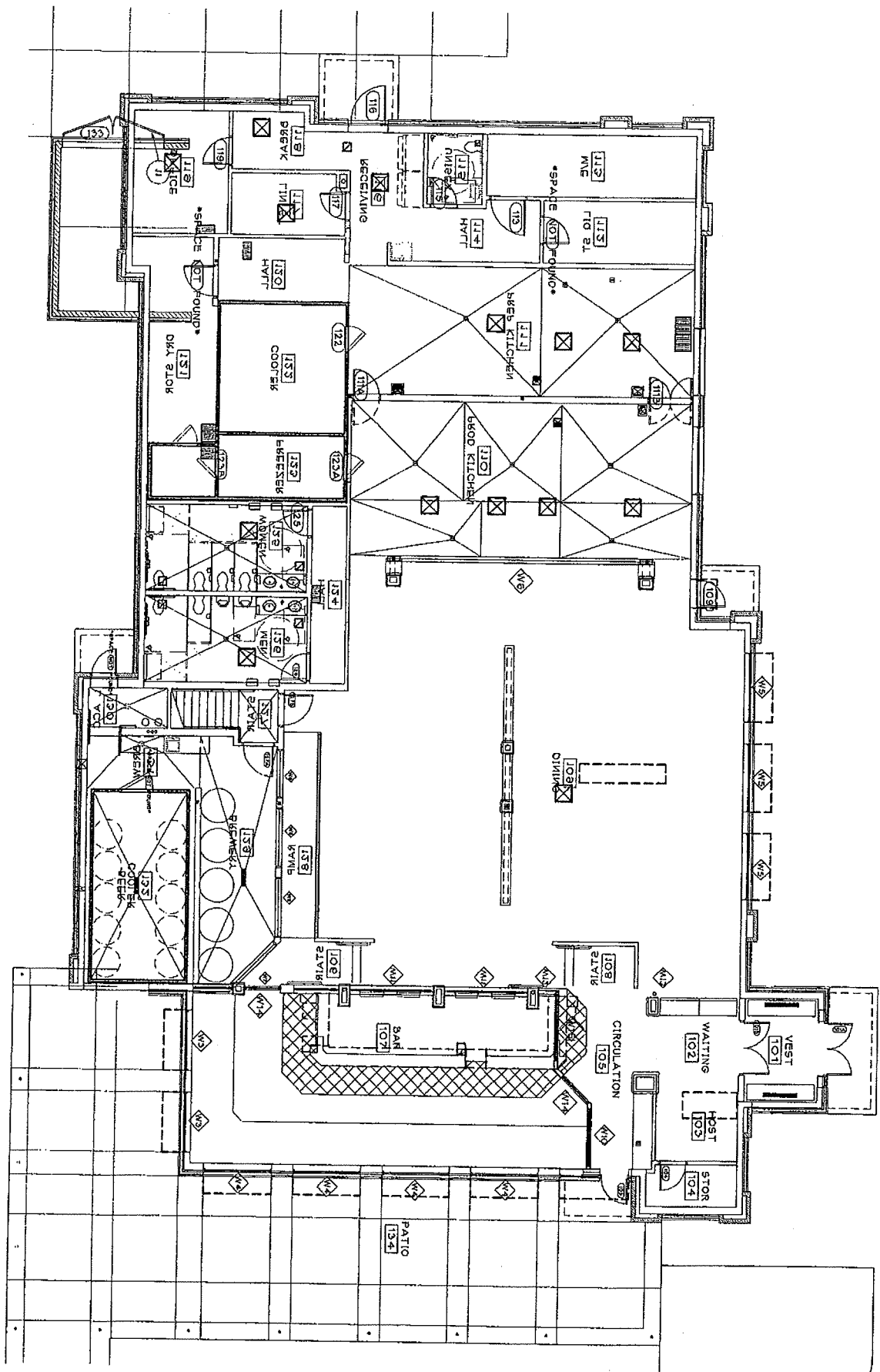
My commission expires 01/31/2010

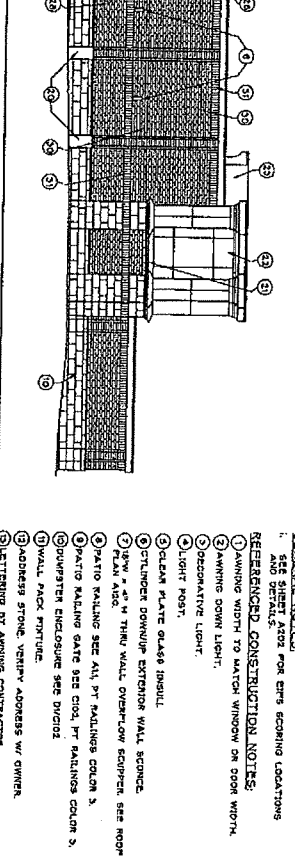
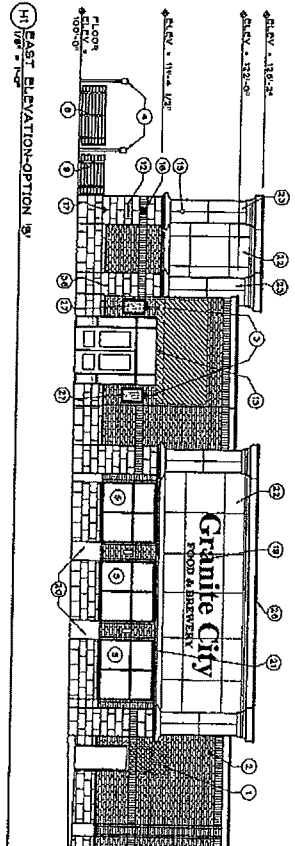
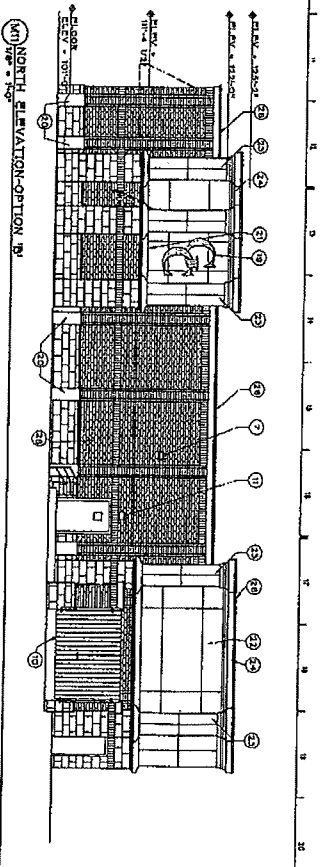
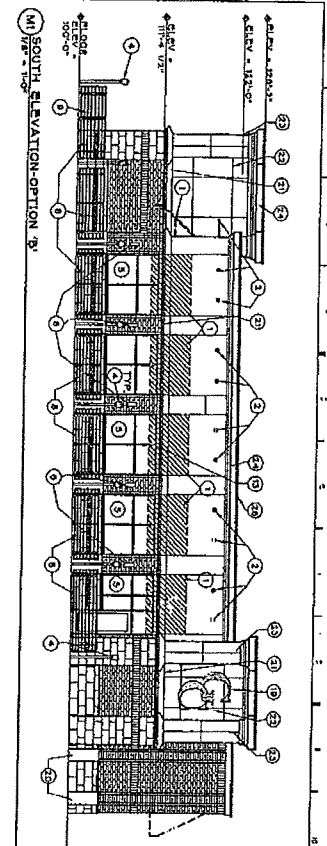
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)



If you have any questions, please contact the City Clerk's Office at (608) 266-4601.







GENERAL NOTES:

1. SEE SHEET A202 FOR EMB SCORING LOCATIONS AND DETAILS.
2. REFERENCED CONSTRUCTION NOTES.
3. FINISH WIDTH TO MATCH WINDOW OR DOOR WIDTH.
4. FINISH DOWN LIGHT.
5. DECORATIVE LIGHT.
6. LIGHT HOUS.
7. CLEAN PLATE GRASS BRUSH.
8. STUNTER DOWNWIRE EXTERIOR WALL SCORING.
9. FINISH AS IN THIS WALL OVERFLOW EQUIPMENT SEE HOOR.
10. PLANT PAINTING SEE ALL PT PAINTING COLOR 3.
11. PLANT PAINTING GATE SEE COLOR, PT PAINTING COLOR 3.
12. OVERCAST ENCLOSURE SEE DIVIC2.
13. WALL PACK FINISH.
14. ADDRESS STONE VESSEY ADDRESS W/ OWNER.
15. ADDRESSING BY FINISH CONTRACTOR.
16. NOT USED.
17. FINE DETAIL, STUNTER.
18. FINE DETAIL, ALUMINUM.
19. SLAVES SPRINKLER.
20. STUNTER SCORING, SEE STUNTER SCORING ELEVATIONS BELOW.
21. ILLUMINATED LIGHTED SIGNAGE BY SIGNAGE CONTRACTOR.
22. CAST STONE LANGE FINISH SEE CAST STONE CHART.
23. BRICK CORNER STUNTER, COLOR 1, TEXTURE B.
24. BRICK 7" STUNTER, COLOR 1, TEXTURE B.
25. CORNER COLUMN 1 1/2" STUNTER, COLOR 2, TEXTURE A.
26. CORNER STUNTER, COLOR 2, TEXTURE B.
27. NOT USED.
28. SHUT, MTL. CAP AND SILL FINISHING TO MATCH COLOR OF ADJACENT MATERIAL, SEE COLOR 3.
29. STONE ELEMENT.
30. FIELD BRICK, COLOR 5.
31. NOT USED.
32. BRICK CORNER, ACCENT BAND, COLOR 3.
33. SOLID BRICK CORNER, ACCENT BAND, COLOR 3.
34. NOT USED.
35. TPO.
36. WORK ACCESS DOOR BY KRS.
37. HAS ACCESS DOOR BY LOCAL CO2 PROVIDER.
38. KIOSK BOX VENTURY W/ FINE MATERIAL, LOCATION SEE SHEET A203 FOR EXTERIOR COLOR KEY.

REVISIONS

NO.	DATE	DESCRIPTION

DESIGNER
GRANITE CITY ROOM & BAR
 450 SOUTH GARDNER
 MINNEAPOLIS, MN 55402
 TEL: (612) 338-1111
 WWW.GRANITECITYROOMANDBAR.COM

CLIENT
SHIMIZU
 1000 WOODLAND AVENUE
 SUITE 200
 MINNEAPOLIS, MN 55407
 TEL: (612) 338-1111
 WWW.SHIMIZU.COM

ARCHITECT
SJA ARCHITECTS
 2025 57TH STREET N
 SUITE 200
 MINNEAPOLIS, MN 55412
 TEL: (612) 252-2299
 WWW.SJAARCHITECTS.COM

DATE 03/20/2018
SCALE 3/8"=1'-0"

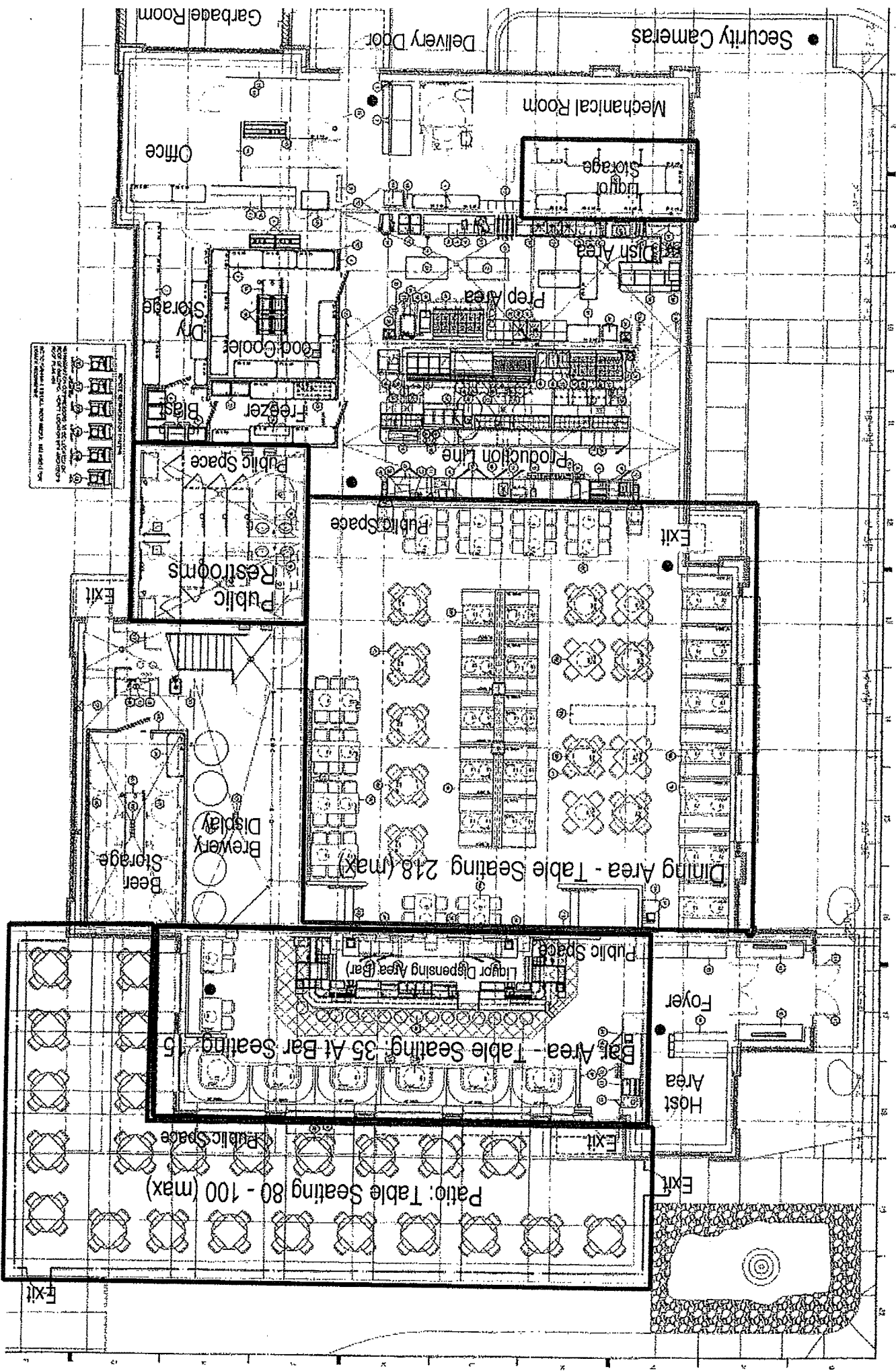
OWNER SHIMIZU
DESIGNER SJA ARCHITECTS
DATE 03/20/2018
SCALE 3/8"=1'-0"

PROJECT GRANITE CITY ROOM & BAR
EXTERIOR ELEVATION OPTION B

DATE 03/20/2018
SCALE 3/8"=1'-0"

PROJECT GRANITE CITY ROOM & BAR
EXTERIOR ELEVATION OPTION B

A201B



ALL DIMENSIONS IN FEET
ALL DIMENSIONS TO CENTER UNLESS NOTED OTHERWISE
DO NOT SCALE DRAWING
DATE: 10/15/11
DRAWN BY: J. [unreadable]

ACSM LAND TITLE SURVEY

SITUATED ON GAMMON ROAD, CITY OF MADISON, DANE COUNTY, WISCONSIN

PART OF THE NORTHEAST 1/4 AND SOUTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 26, TOWN 7 NORTH, RANGE 8 EAST, IN THE CITY OF MADISON, DANE COUNTY, WISCONSIN, BOUNDED AND DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHEAST CORNER OF SAID NORTHEAST 1/4 SECTION: THENCE SOUTH 00°54'53" WEST ALONG THE EAST LINE OF THE NORTHEAST 1/4 OF SAID SECTION 1679.20 FEET TO A POINT; THENCE NORTH 89°05'14" WEST 327.99 FEET TO A POINT ON THE SOUTH LINE OF THE MALL PARCEL; THENCE CONTINUING NORTH 89°05'14" WEST ALONG SAID SOUTH LINE 191.92 FEET TO A POINT; THENCE NORTH 00°55'47" EAST 29.99 FEET TO THE POINT OF BEGINNING OF THE LANDS TO BE DESCRIBED; THENCE NORTH 89°04'13" WEST 22.42 FEET TO A POINT; THENCE NORTH 00°55'47" EAST 4.67 FEET TO A POINT; THENCE NORTH 89°04'13" WEST 44.92 FEET TO A POINT; THENCE NORTH 00°55'47" EAST 20.83 FEET TO A POINT; THENCE NORTH 89°04'13" WEST 13.16 FEET TO A POINT; THENCE NORTH 00°55'51" EAST 42.33 FEET TO A POINT; THENCE SOUTH 89°04'13" EAST 6.83 FEET TO A POINT; THENCE NORTH 00°55'47" EAST 40.33 FEET TO A POINT; THENCE NORTH 89°03'46" WEST 2.50 FEET TO A POINT; THENCE NORTH 00°55'47" EAST 21.33 FEET TO A POINT; THENCE SOUTH 89°02'45" EAST 3.17 FEET TO A POINT; THENCE NORTH 00°55'47" EAST 20.34 FEET TO A POINT; THENCE SOUTH 89°04'14" EAST 17.00 FEET TO A POINT; THENCE SOUTH 00°55'47" WEST 16.17 FEET TO A POINT; THENCE SOUTH 89°04'13" EAST 11.84 FEET TO A POINT; THENCE SOUTH 00°55'28" WEST 6.00 FEET TO A POINT; THENCE SOUTH 89°04'32" EAST 38.00 FEET TO A POINT; THENCE SOUTH 00°55'48" WEST 51.51 FEET TO A POINT; THENCE SOUTH 89°04'13" EAST 6.49 FEET TO A POINT; THENCE SOUTH 00°55'47" WEST 48.66 FEET TO A POINT; THENCE SOUTH 89°04'13" EAST 14.50 FEET TO A POINT; THENCE SOUTH 00°55'47" WEST 14.67 FEET TO A POINT; THENCE NORTH 89°04'13" WEST 14.83 FEET TO A POINT; THENCE SOUTH 00°55'47" WEST 12.83 FEET TO THE POINT OF BEGINNING CONTAINING 9.741 SQUARE FEET OR 0.2236 ACRES.

LED
CONCRETE

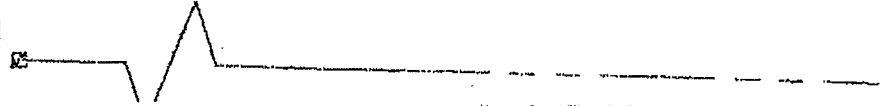


EXHIBIT A-1

MARCH 28, 2006

CBL & ASSOCIATES PROPERTIES, INC.

SURVEY NO. 162787-DAW

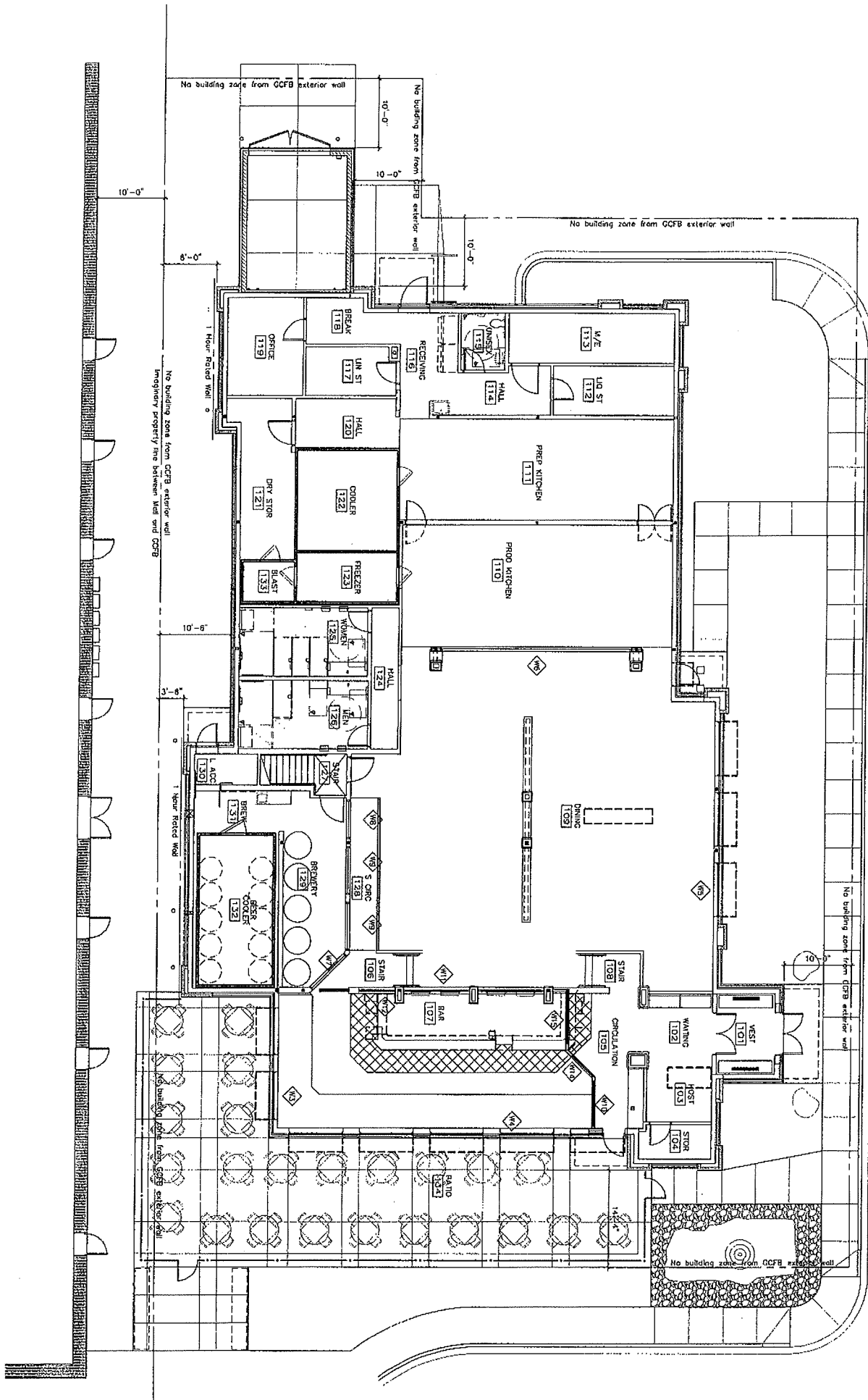
A. BASIS OF BEARINGS

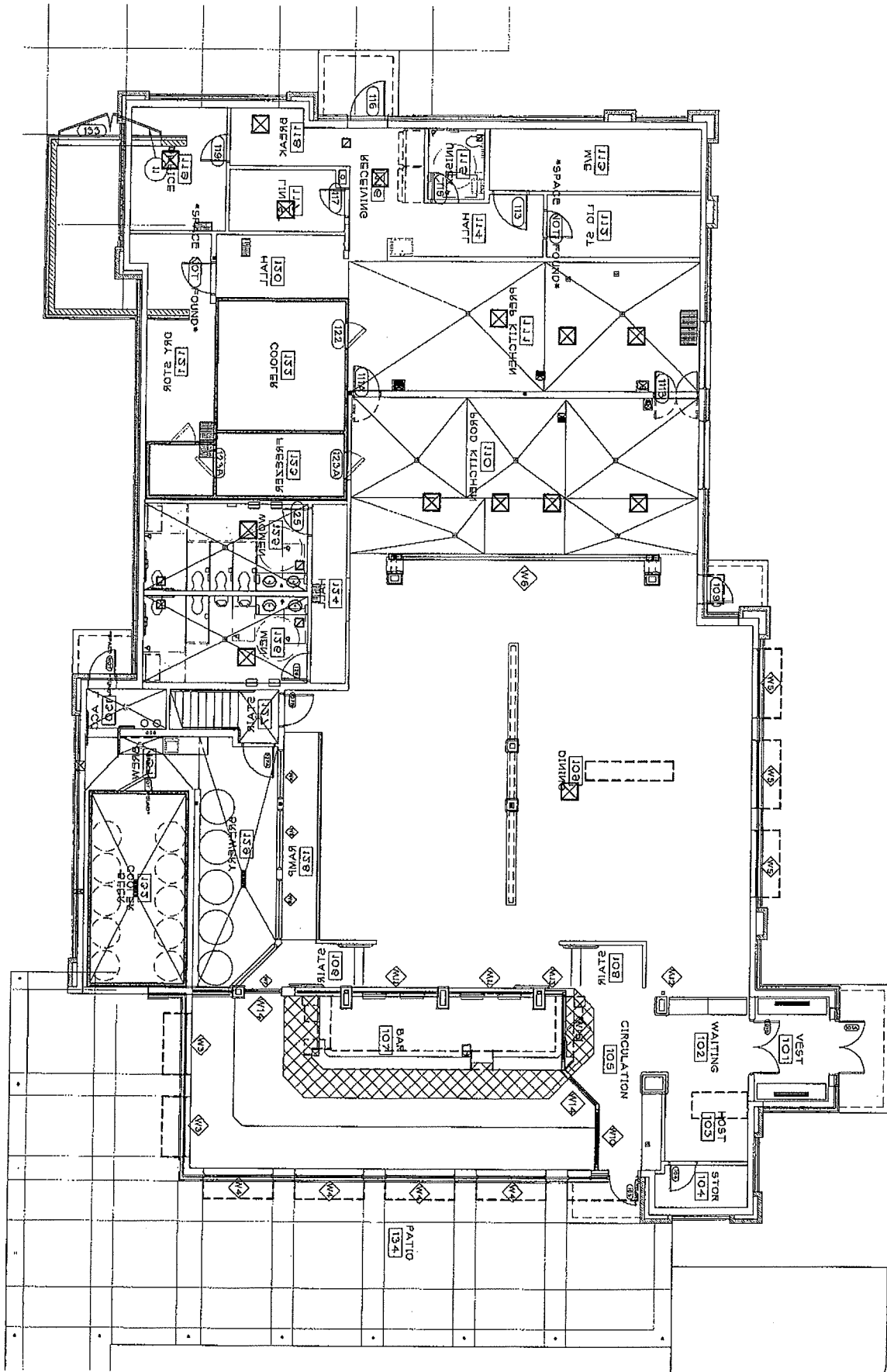
BEARINGS ARE BASED ON THE EAST LINE OF THE NORTHEAST 1/4 OF SECTION 26 WHICH IS ASSUMED TO BEAR SOUTH 00°54'46" WEST

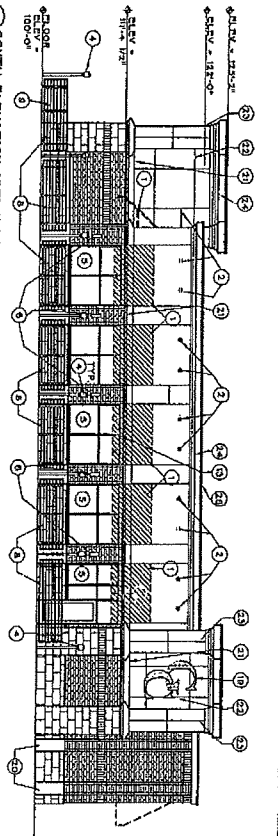
B. TITLE COMMITMENT

NO TITLE COMMITMENT WAS PROVIDED FOR THIS SURVEY. ALL EASEMENTS MAY NOT BE SHOWN.

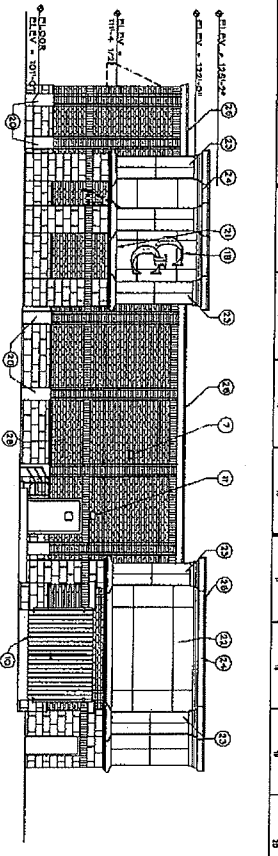
nal Survey & Engineering



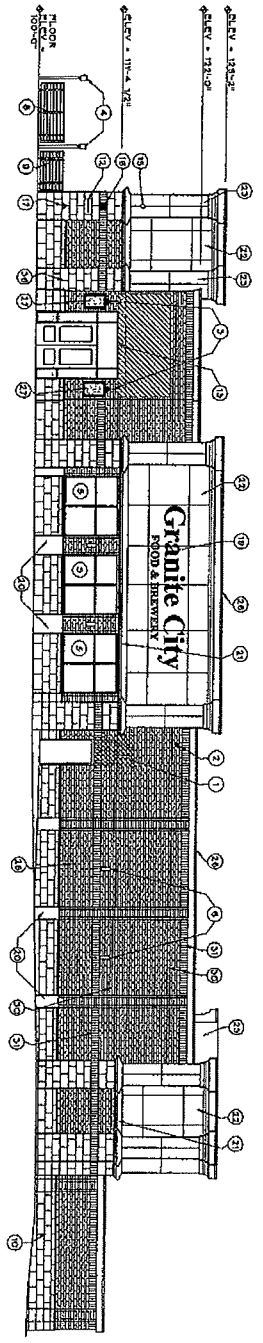




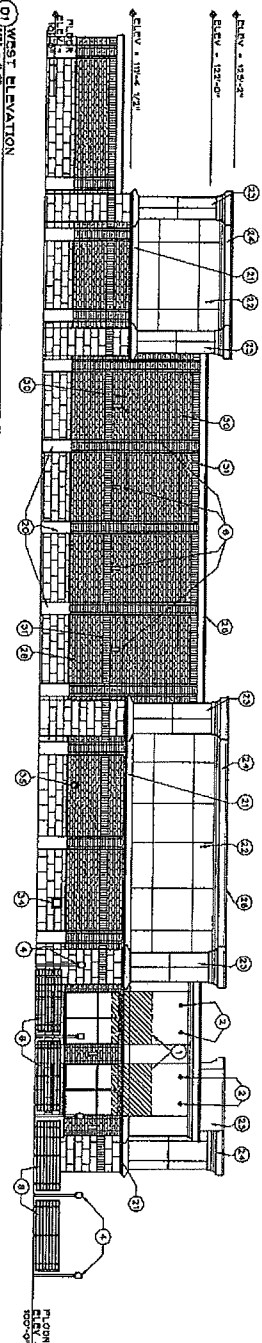
(M) SOUTH ELEVATION-OPTION 9A



(M) NORTH ELEVATION-OPTION 9B



(H) EAST ELEVATION-OPTION 9C



(D) WEST ELEVATION

GENERAL NOTES:

SEE SHEET A201 FOR FIRE SCORING LOCATIONS AND DETAILS.

REFERENCED CONSTRUCTION NOTES:

- 1) AWNING WIDTH TO MATCH WINDOW OR DOOR WIDTH.
- 2) AWNING DOWN LIGHT.
- 3) DECORATIVE LIGHT.
- 4) LIGHT POST.
- 5) OCEAN PLATE GLASS INSUL.
- 6) CYLINDER DOWNWUP EXTENSION WALL CONCRETE.
- 7) 2" W x 4" H THIN WALL OVERFLOW SCUPPER. SEE ROOF PLAN ALSO.
- 8) PATIO RAILING SEE A11, PT RAILING COLOR 3.
- 9) PATIO RAILING GATE SEE CO2, PT RAILING COLOR 3.
- 10) DOWNSPUT ENCLASURE SEE SWG2.
- 11) WALL PACE PICTURE.
- 12) ADDRESS STONE. VERIFY ADDRESS W/ OWNER.
- 13) LETTERING BY AWNING CONTRACTOR.
- 14) NOT USED.
- 15) PRIME DEPT. ALUMN.
- 16) SPANISH SPRINKLER.
- 17) FIRE SCORING SEE STUCCO SCORING ELEVATIONS RECORD.
- 18) ILLUMINATED LIGHTED STORAGE BY SIGNAGE CONTRACTOR.
- 19) CAST STONE. LARGE PIECES. SEE CAST STONE CHART.
- 20) CAST STONE. SMALL. SEE CAST STONE CHART.
- 21) FIELD 1" STUCCO. COLOR 1, TEXTURE B.
- 22) FIELD 2" STUCCO. COLOR 1, TEXTURE B.
- 23) CORNER COLUMN 1" STUCCO. COLOR 2, TEXTURE A.
- 24) CORNER COLUMN 2" STUCCO. COLOR 2, TEXTURE A.
- 25) NOT USED.
- 26) SET. W/IL. CAP AND SILL FLASHING TO MATCH COLOR OF WINDOW FRAME. VERIFY WINDOW, SEE COLOR 3.
- 27) STONE ELEMENT.
- 28) STONE SIMIL. COLOR 3.
- 29) NOT USED.
- 30) BRICK CORNICE. ACCENT SAND. COLOR 5.
- 31) SOLIDER CORNICE. ACCENT SAND. COLOR 5.
- 32) NOT USED.
- 33) TYPED.
- 34) W/ONT ACCESS DOOR BY KEYS.
- 35) BANK ACCESS DOOR BY LOCAL CO2 PROVIDER.
- 36) RISK BOX. VERIFY W/ FIRE MARSHAL. LOCATION.

COLOR AND TEXTURE KEY:

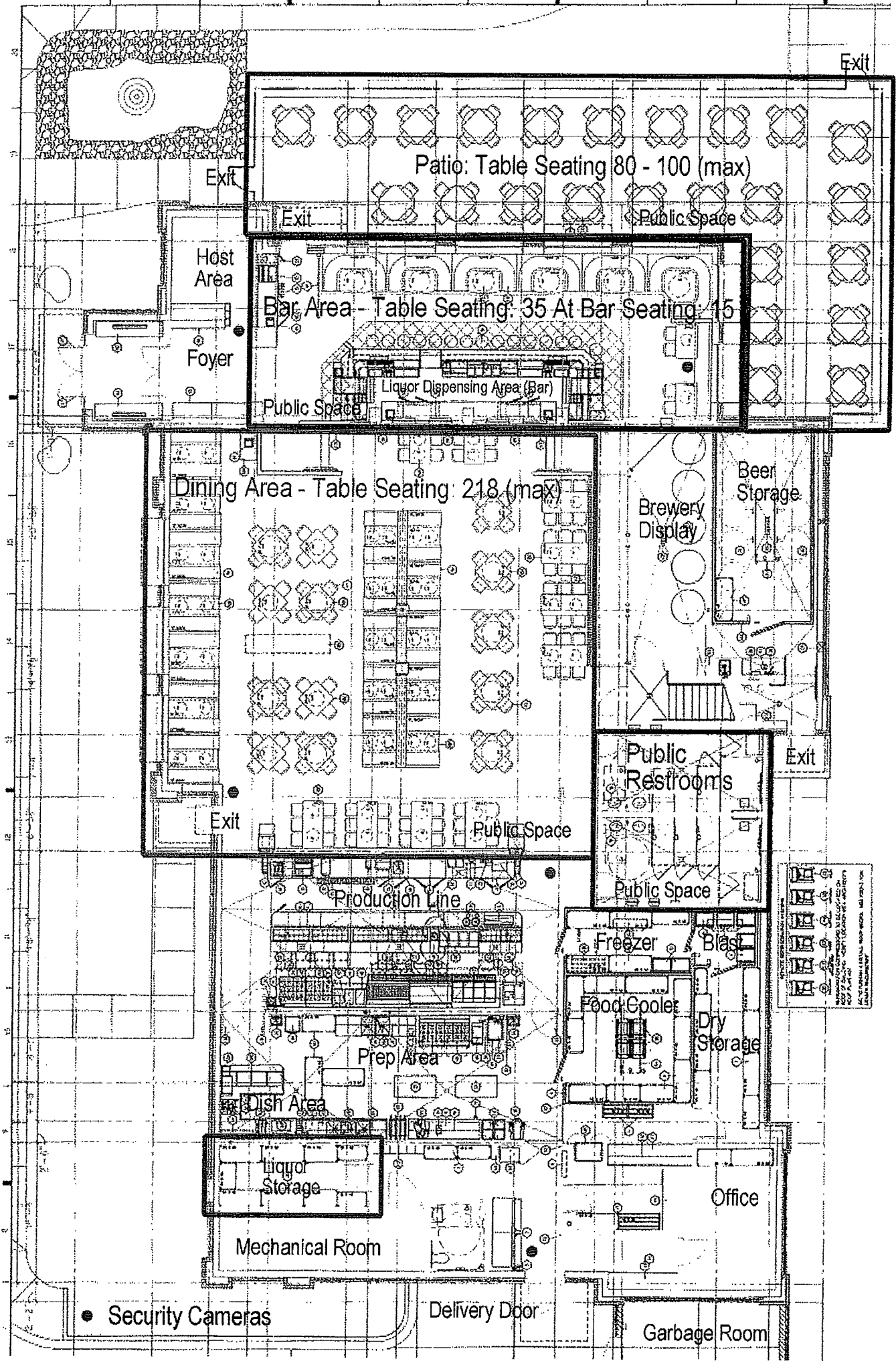
SEE SHEET G202 FOR EXTENSION COLOR KEY.

SJA ARCHITECTS
 DULUTH • ST. CLOUD
 2025 15TH STREET N
 ST. CLOUD, MINNESOTA 56301
 Tel: (320) 252-2289
 Fax: (320) 252-2288
 www.sjaarchitect.com

FRONTIER
 GRANITE CITY
 4000 W. HENRY
 BLVD
 AMFON, MINNESOTA
 55003

EXTENSION
 EXTERIOR ELEVATION
 OPTION 9

DATE: 2/24/2016
 DRAWN BY: JG
 CHECKED BY: JG
 AND NO. 4201B
 DATE: 2/24/2016
 DRAWN BY: JG



● Security Cameras

Delivery Door

Garbage Room

