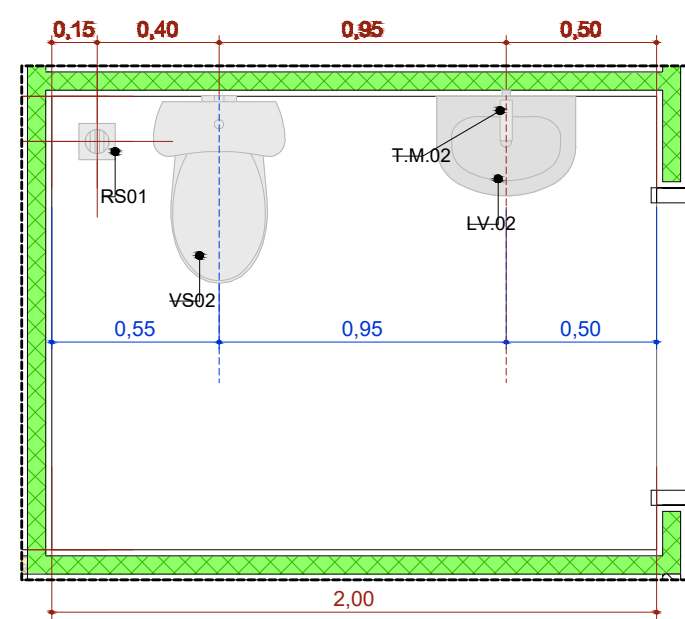
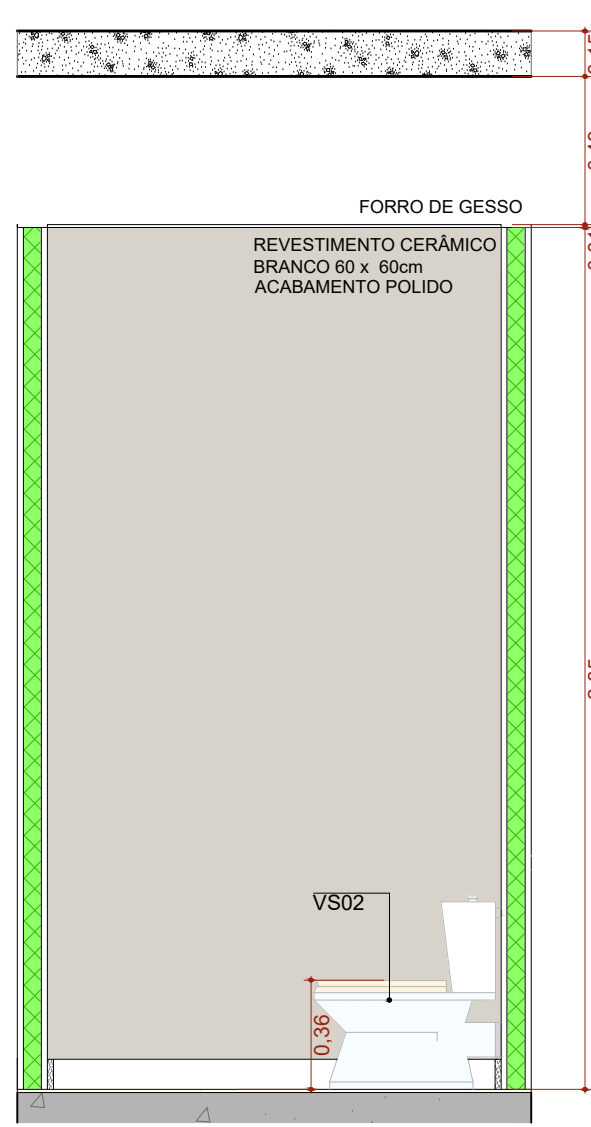
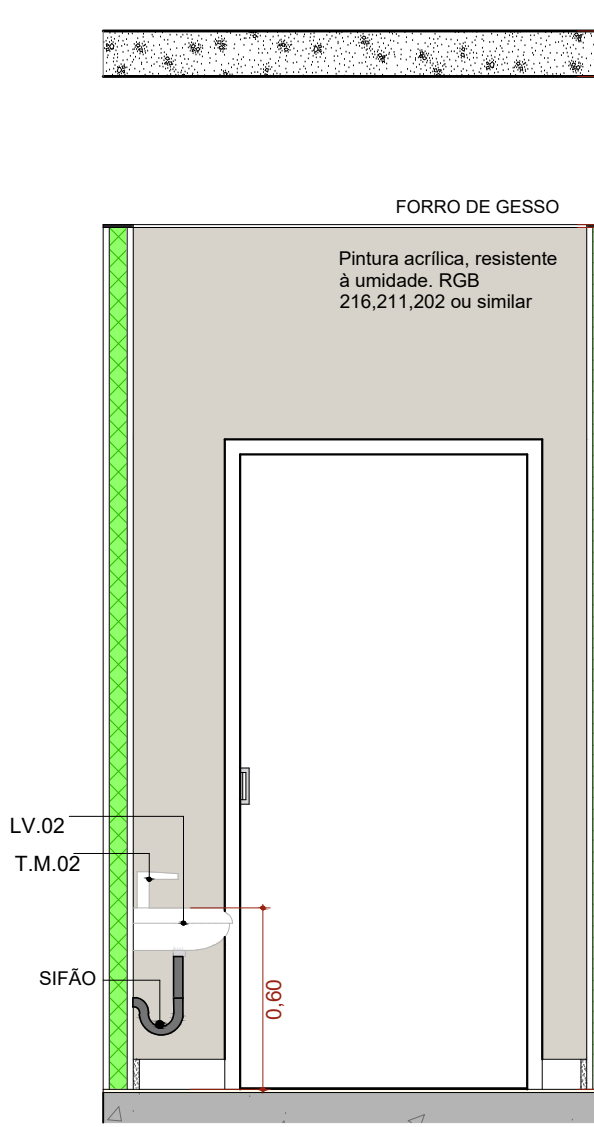




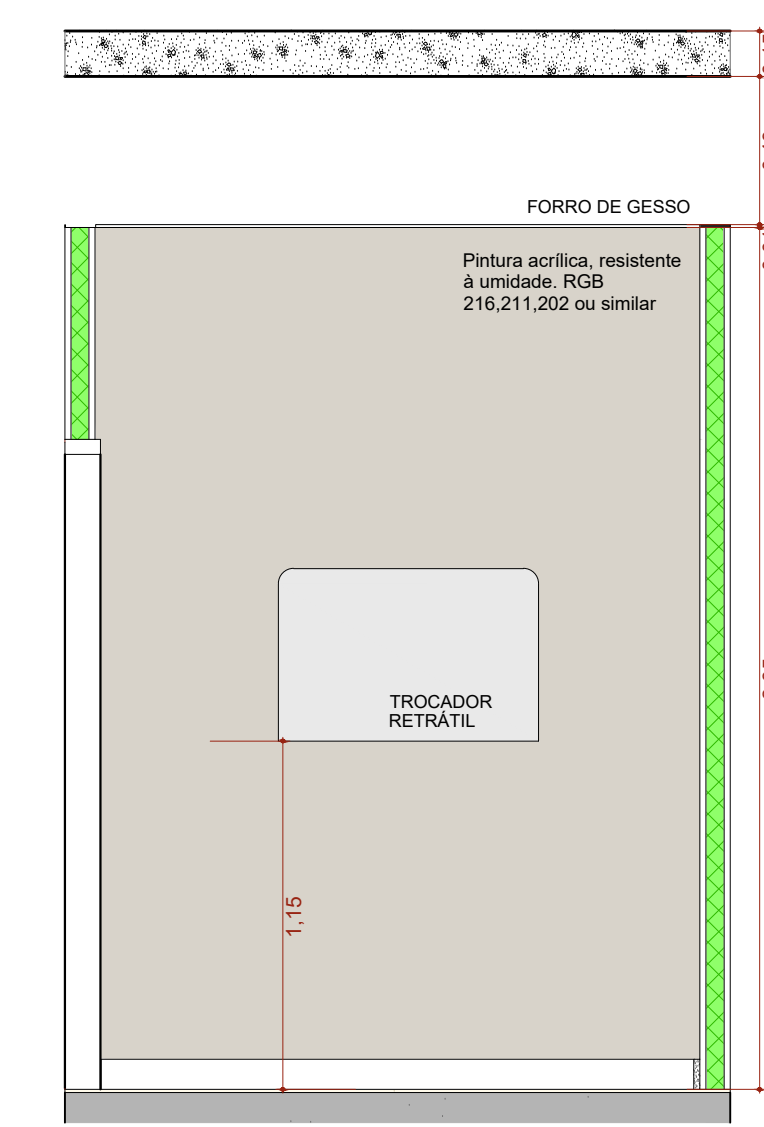
A.M.1 Sanit. Infantil/Faldário
Escala:1:25



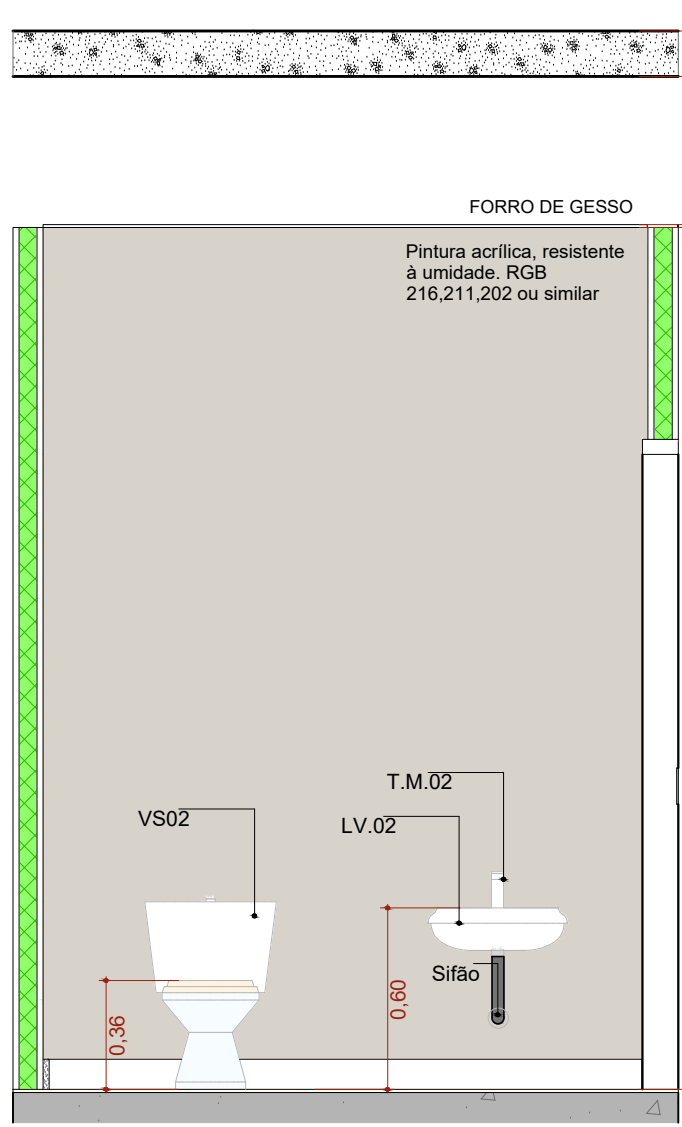
A.M.01 VISTA 1
Escala:1:25



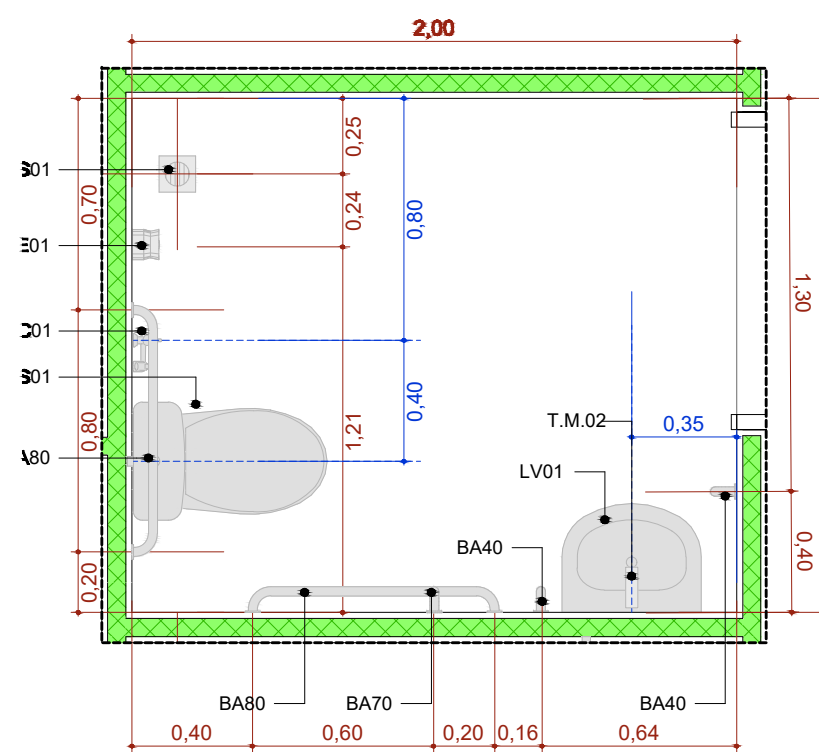
A.M.01 VISTA 2
Escala:1:25



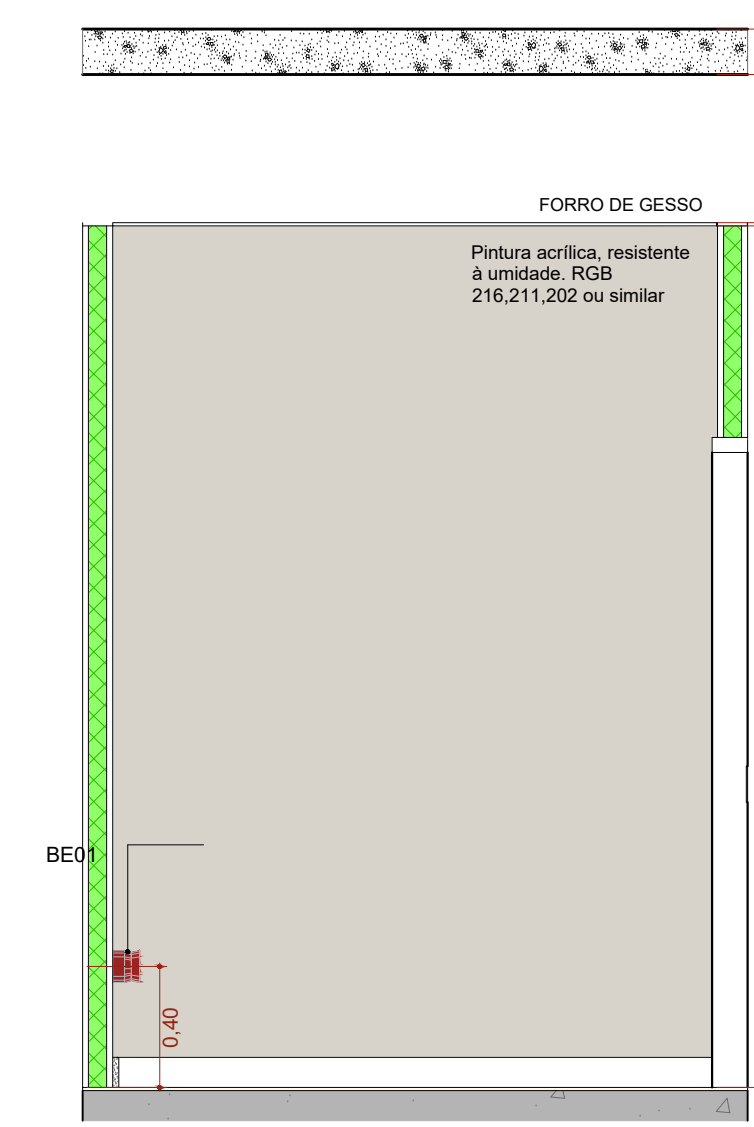
A.M.01 VISTA 3
Escala:1:25



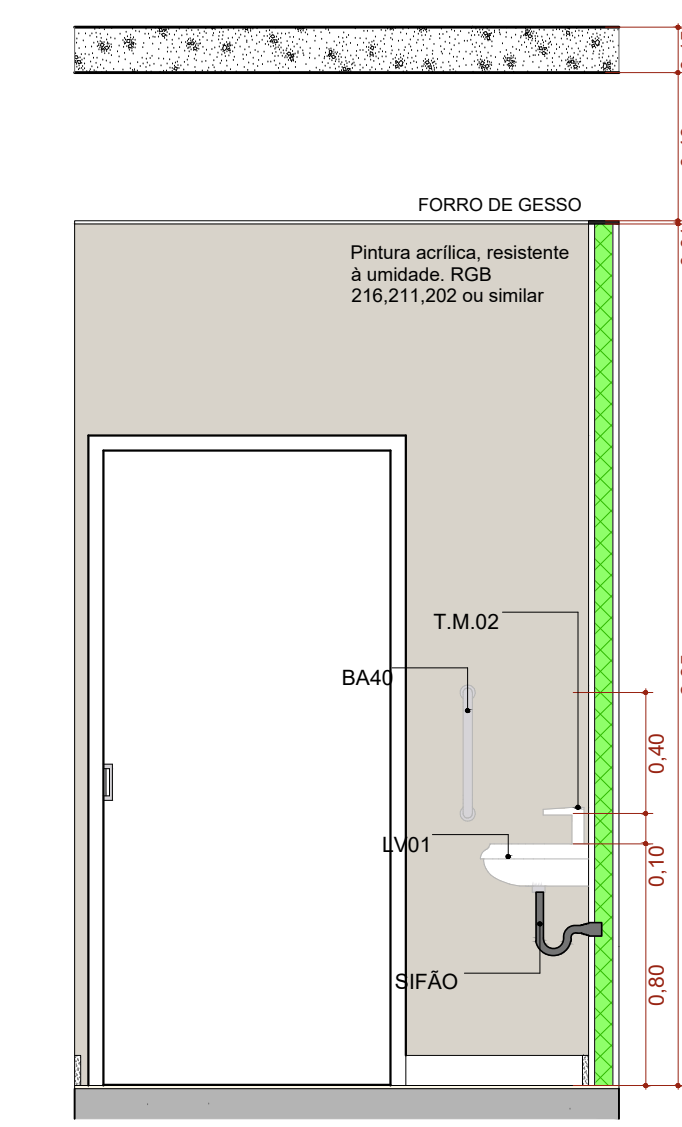
A.M.01 VISTA 4
Escala:1:25



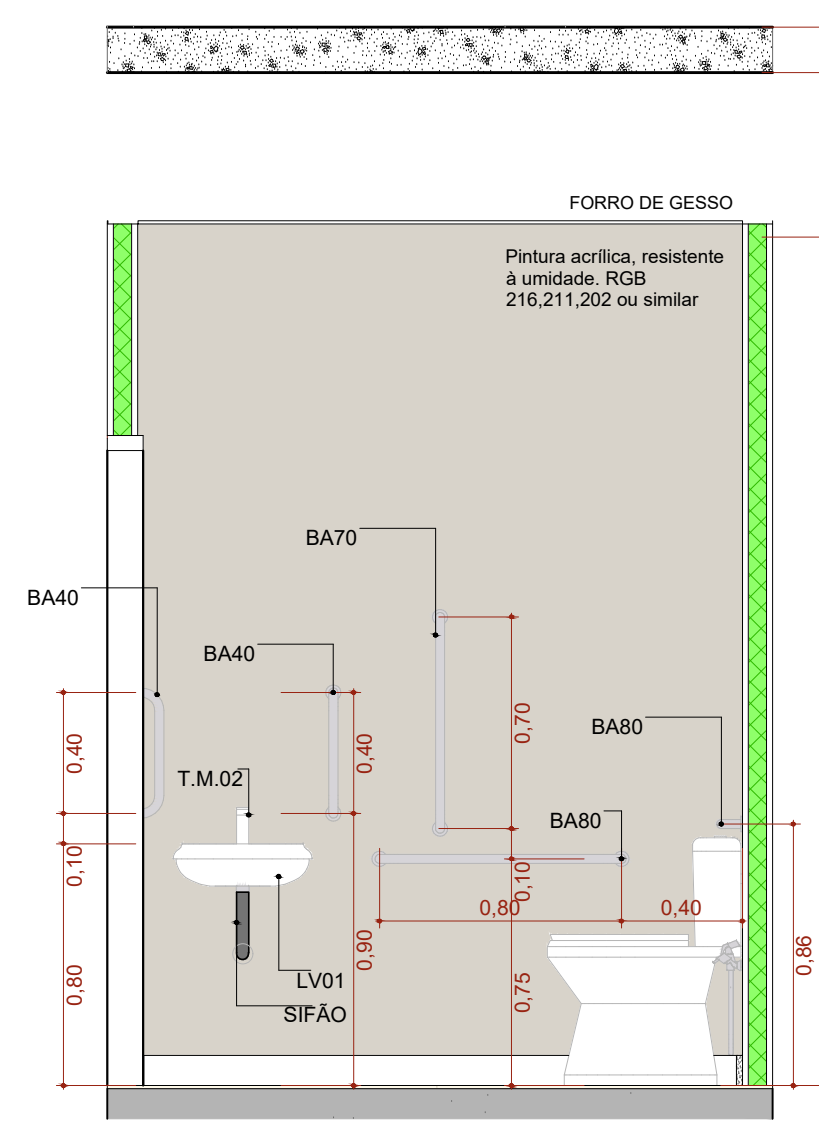
A.M.2 Sanitário PCD Fem.
Escala:1:25



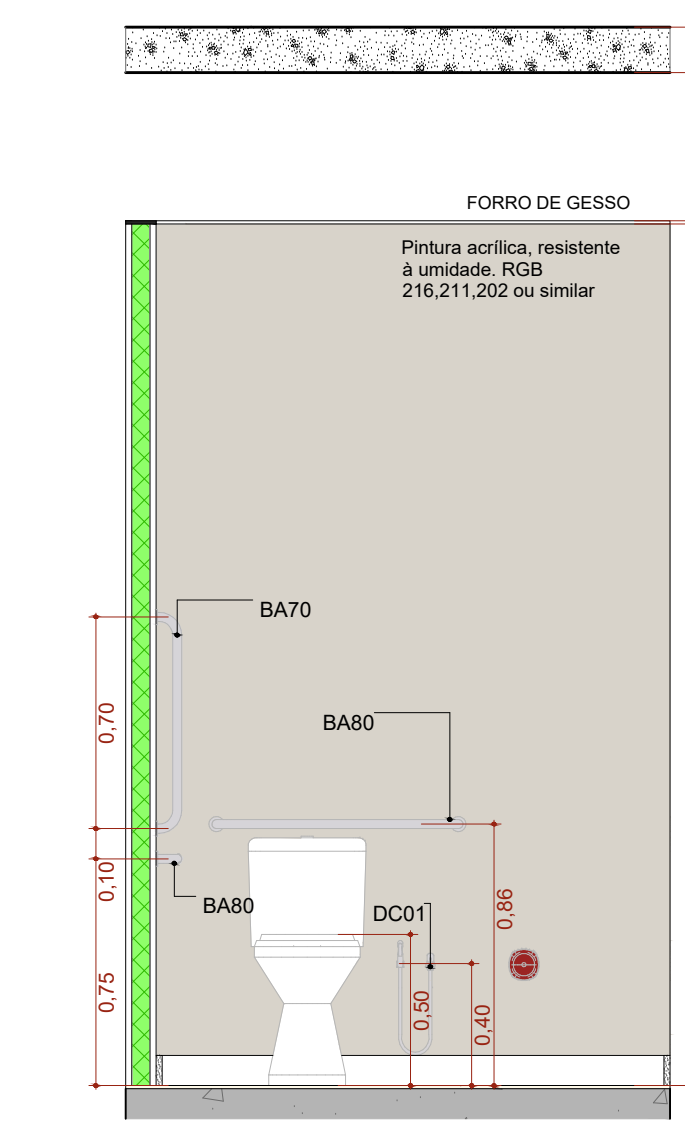
A.M.02 VISTA 1
Escala:1:25



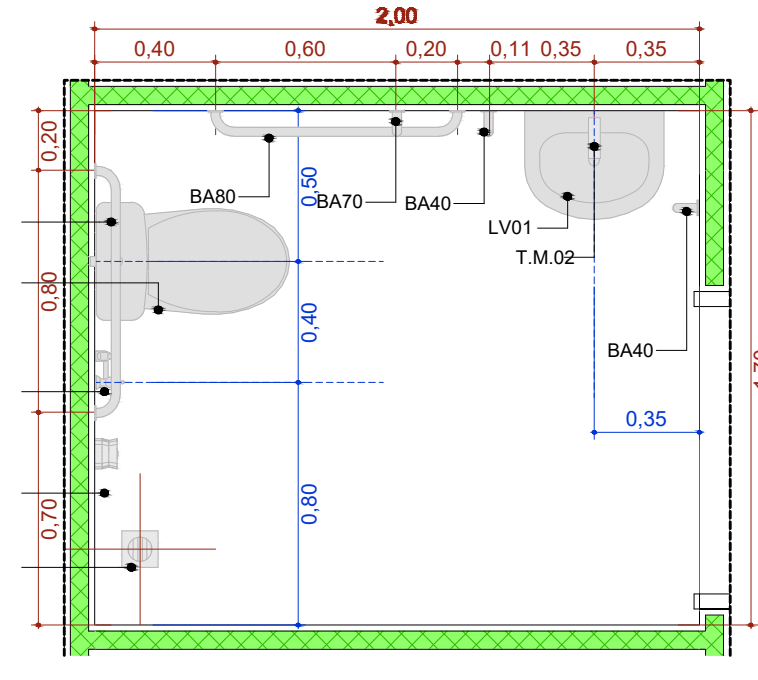
A.M.02 VISTA 2
Escala:1:25



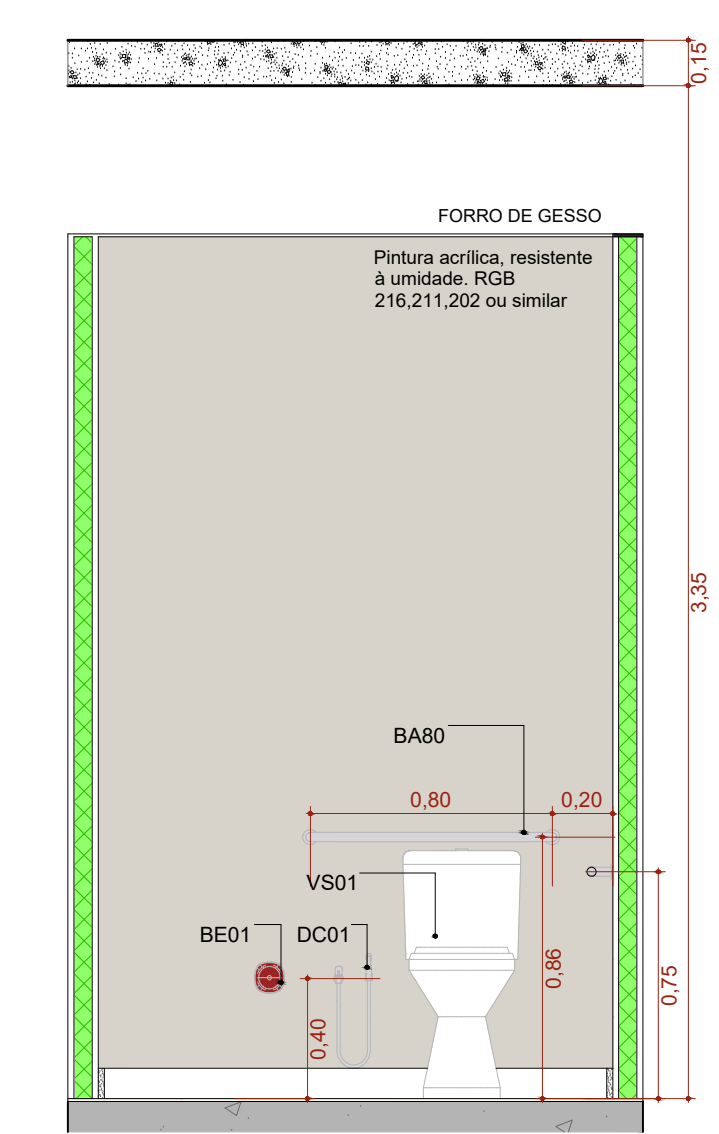
A.M.02 VISTA 3
Escala:1:25



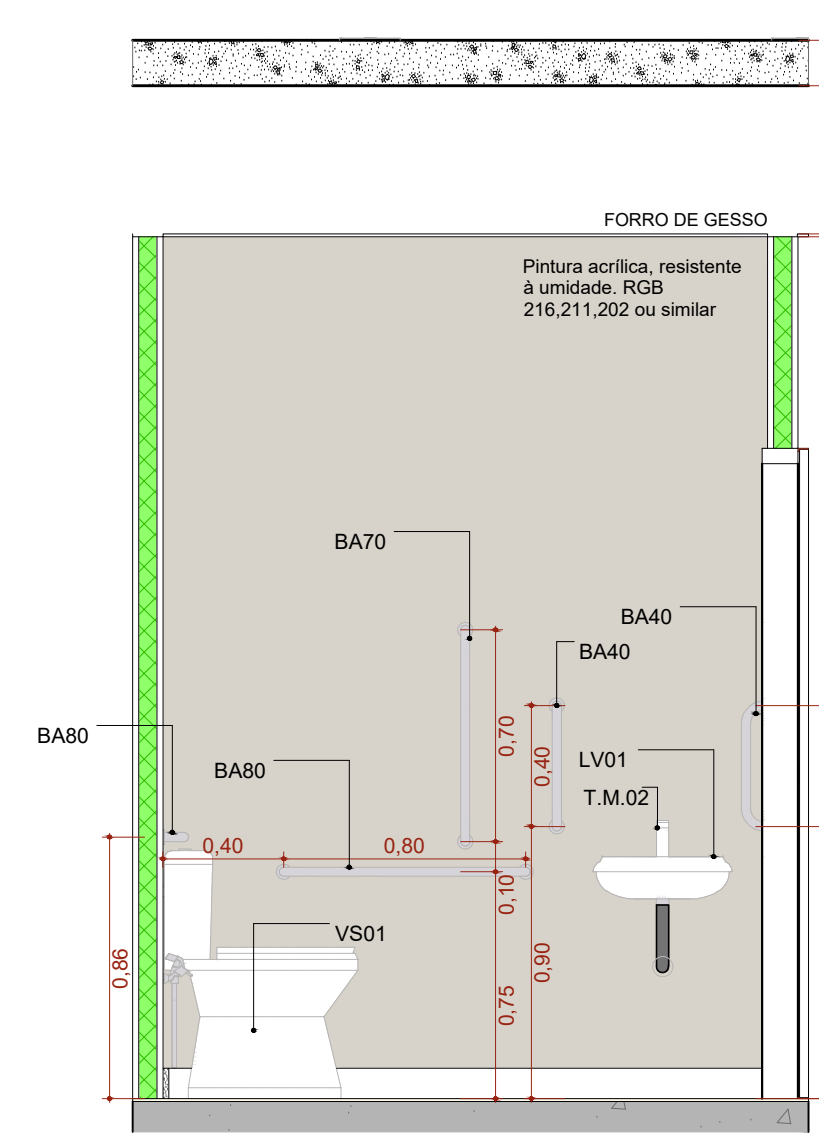
A.M.02 VISTA 4
Escala:1:25



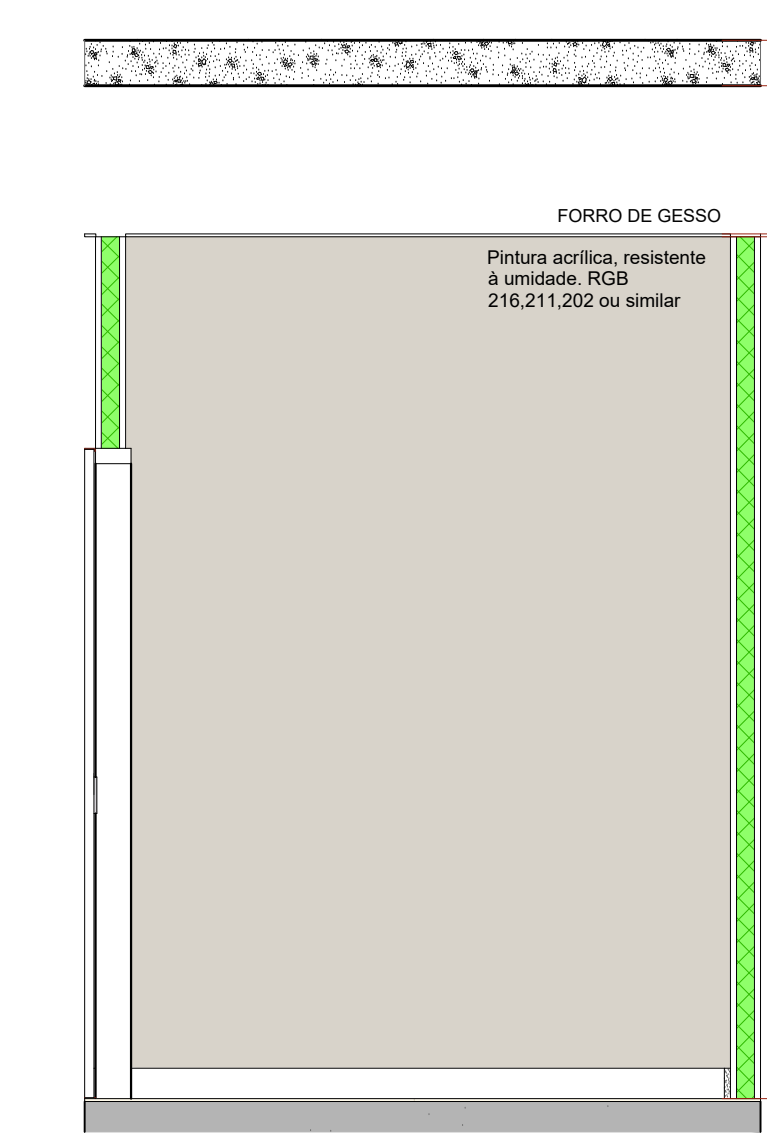
A.M.3 Sanitário PCD Masc.
Escala:1:25



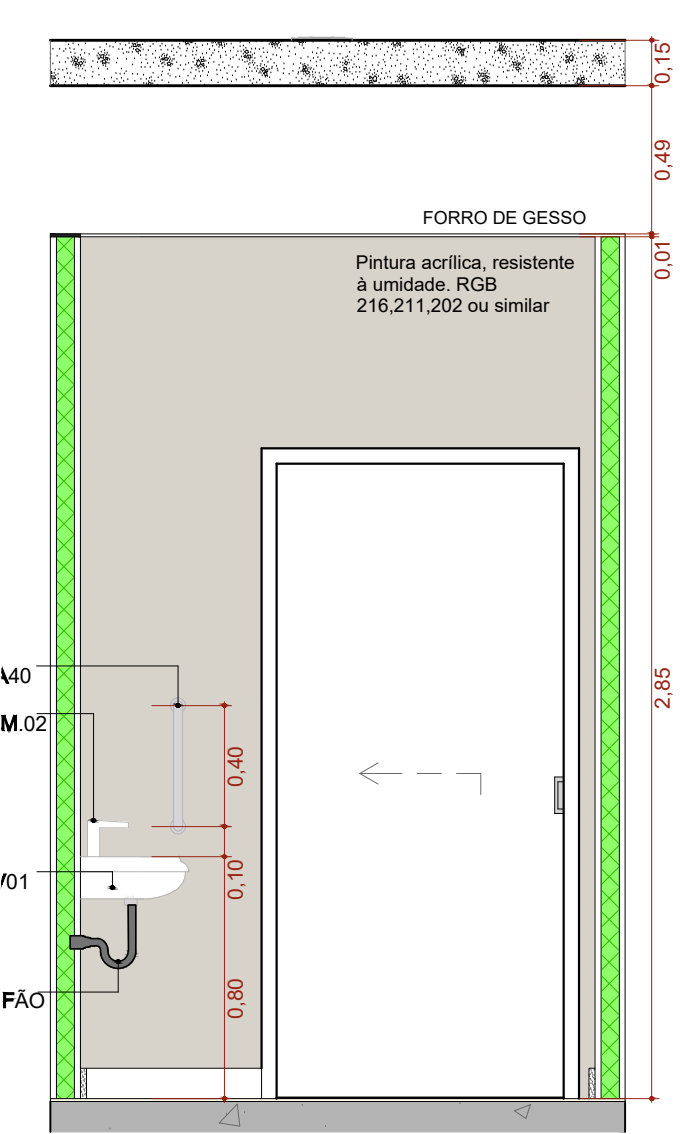
A.M.03 VISTA 1
Escala:1:25



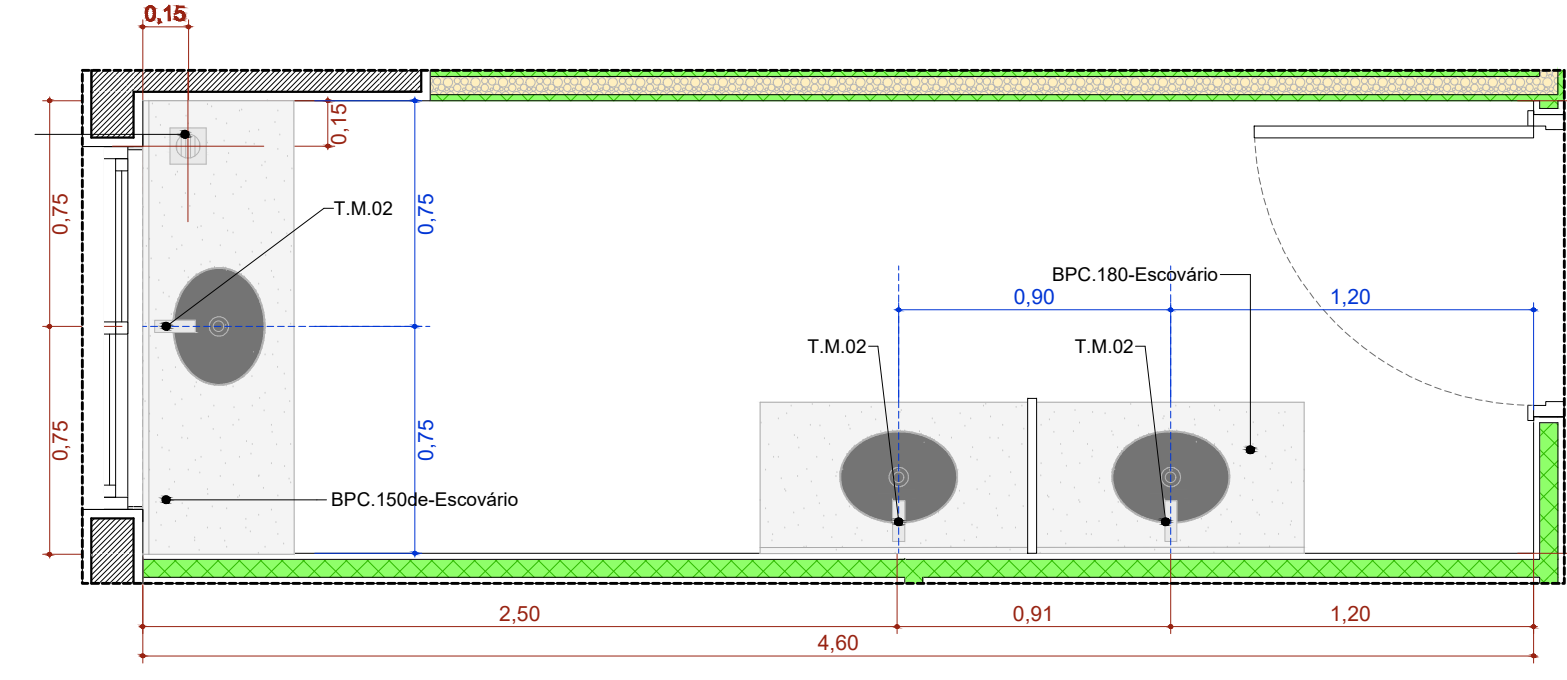
A.M.03 VISTA 2
Escala:1:25



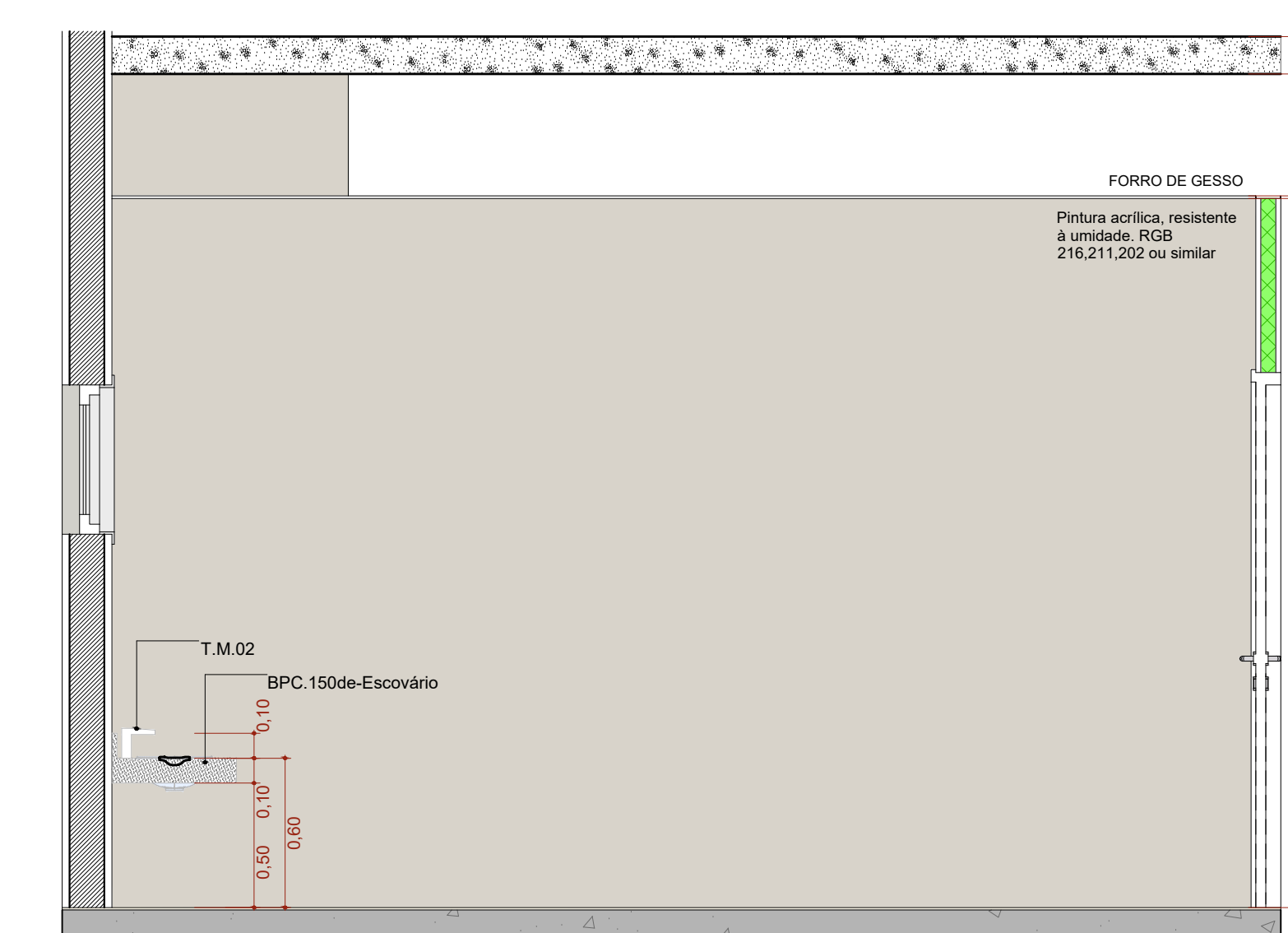
A.M.03 VISTA 3
Escala:1:25



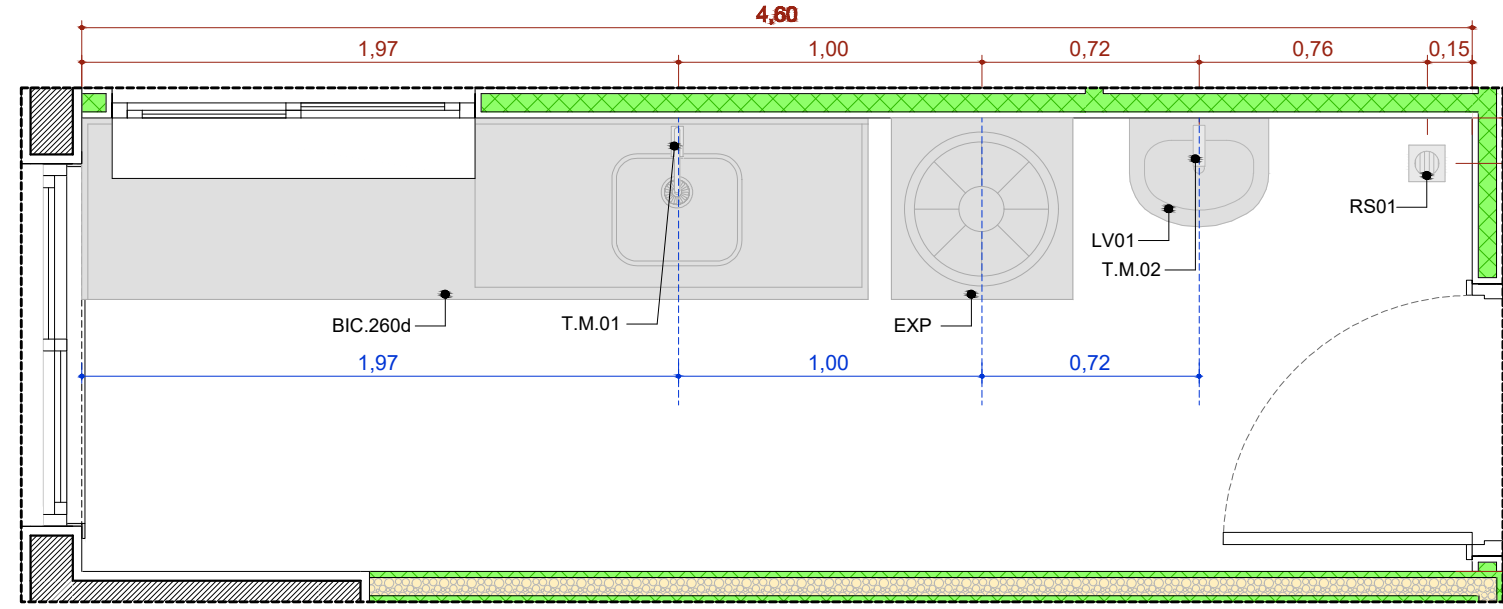
A.M.03 VISTA 4
Escala:1:25



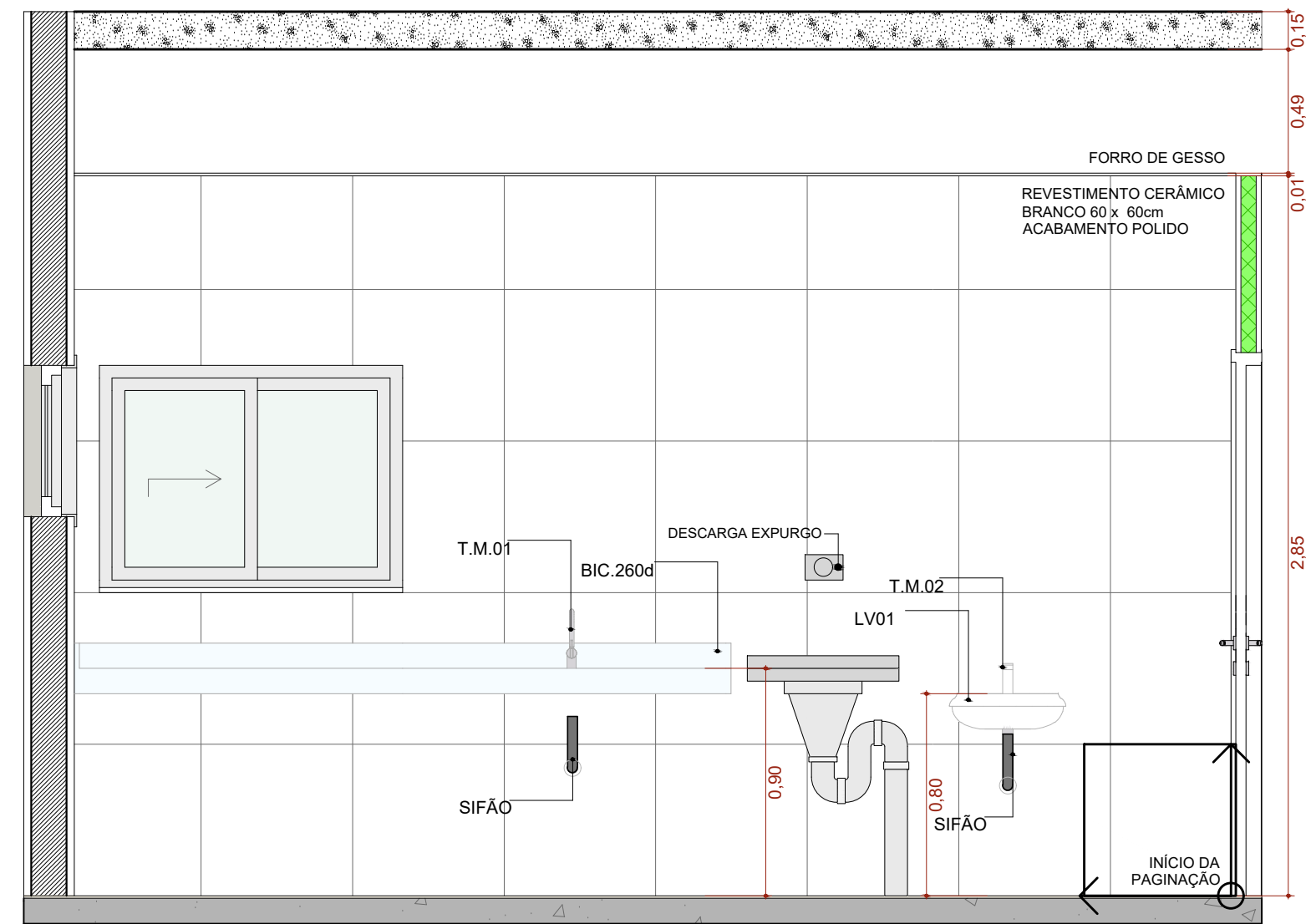
A.M.4 Educação em Saúde Bucal (Escovário)
Escala:1:25



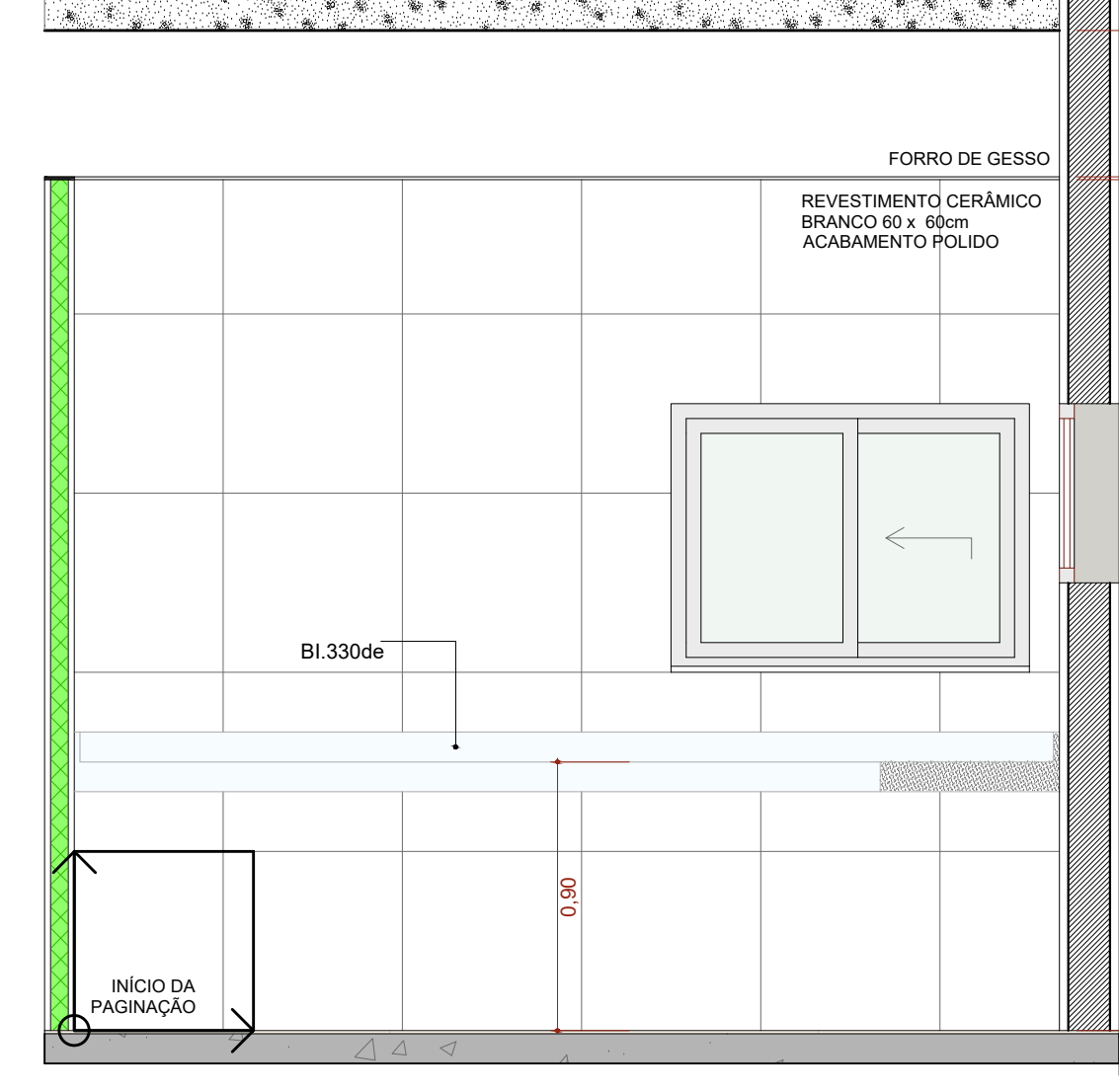
A.M.04 VISTA 1
Escala:1:25



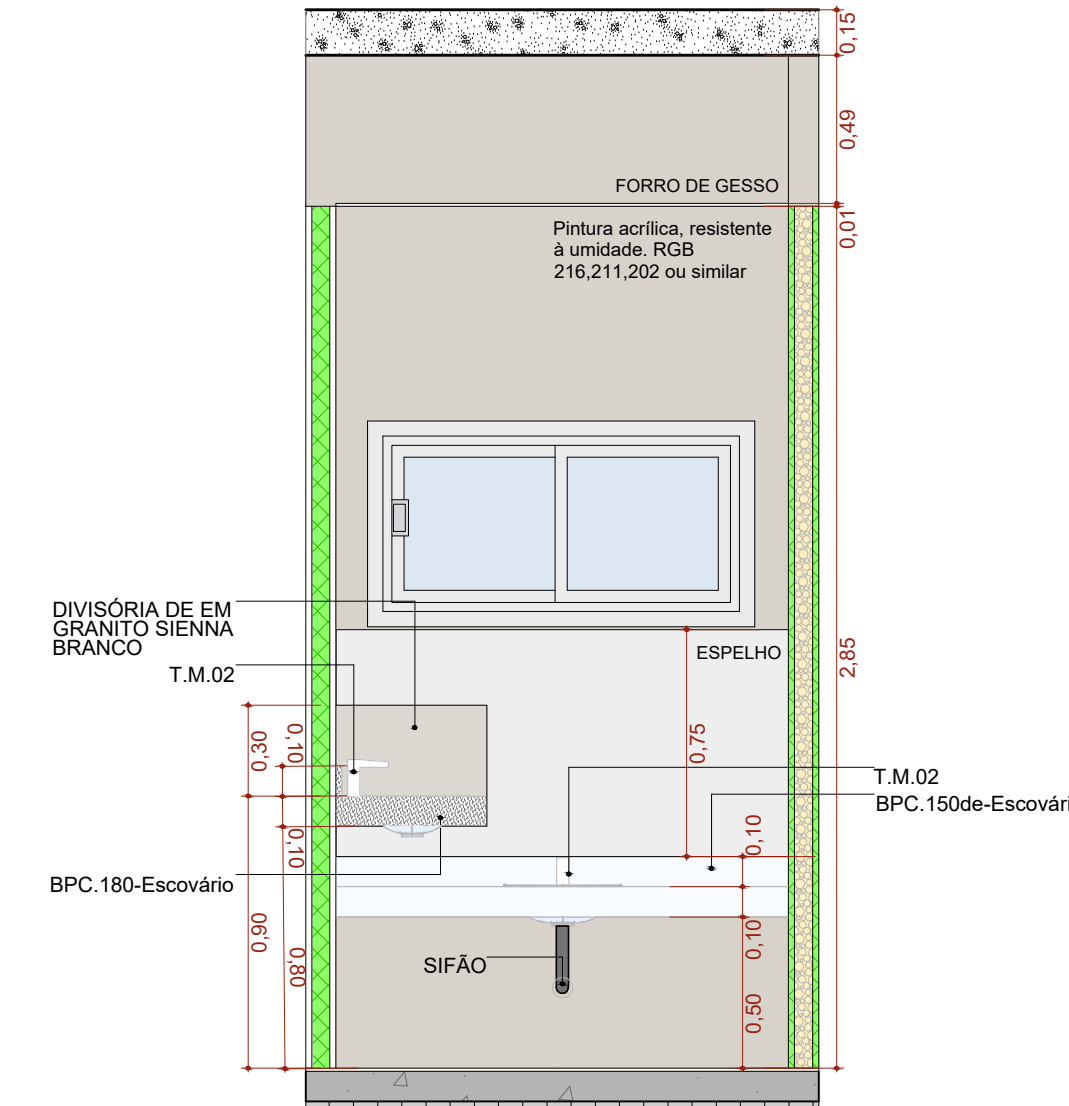
A.M.5 Expurgo
Escala:1:25



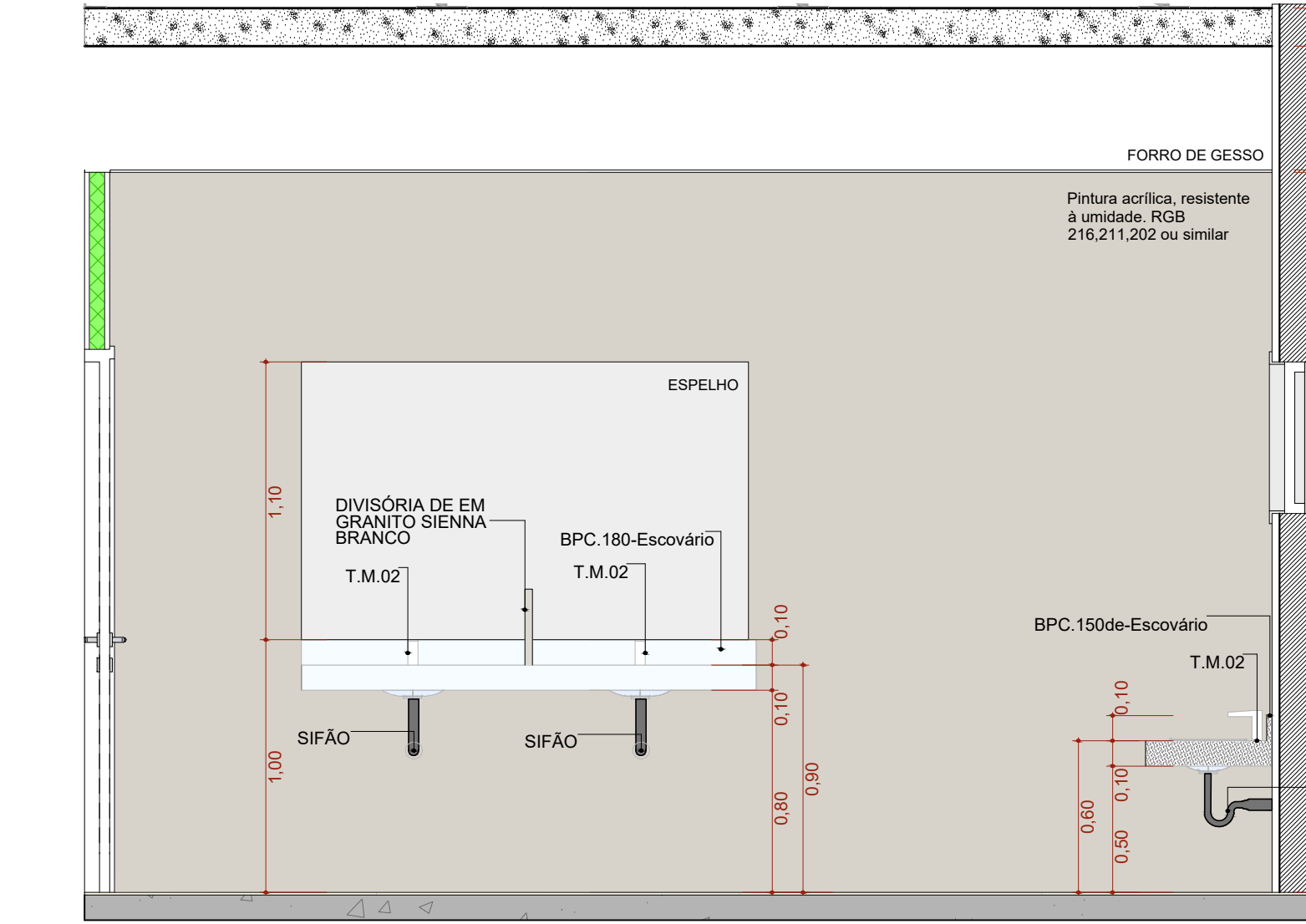
A.M.05 VISTA 1
Escala:1:25



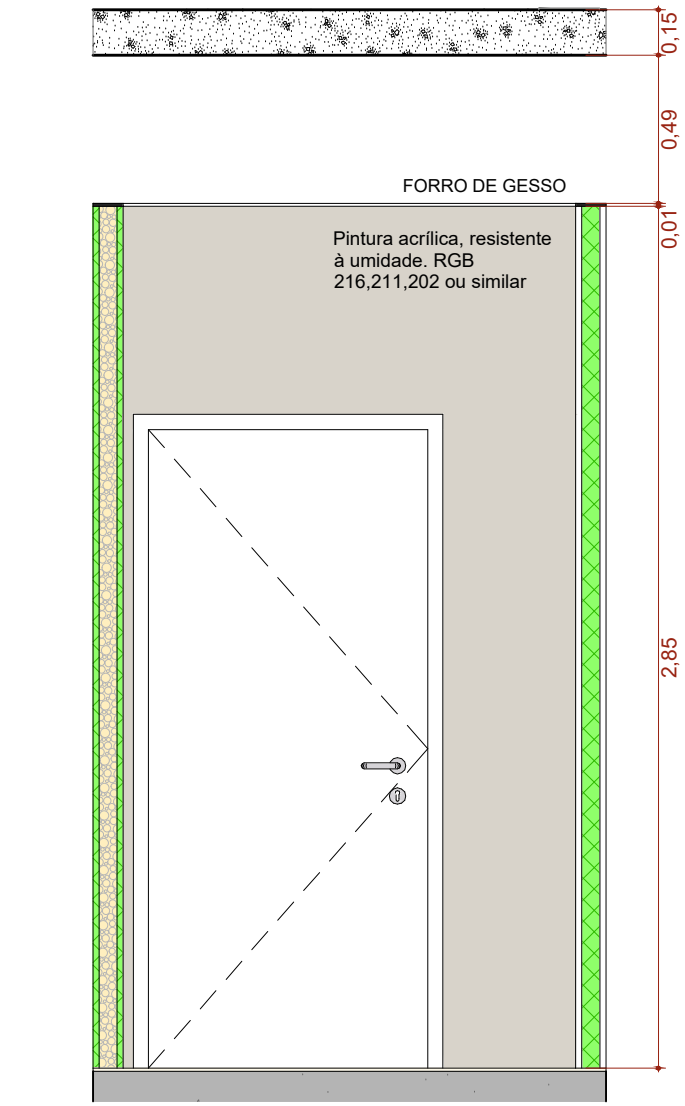
A.M.05 VISTA 3
Escala:1:25



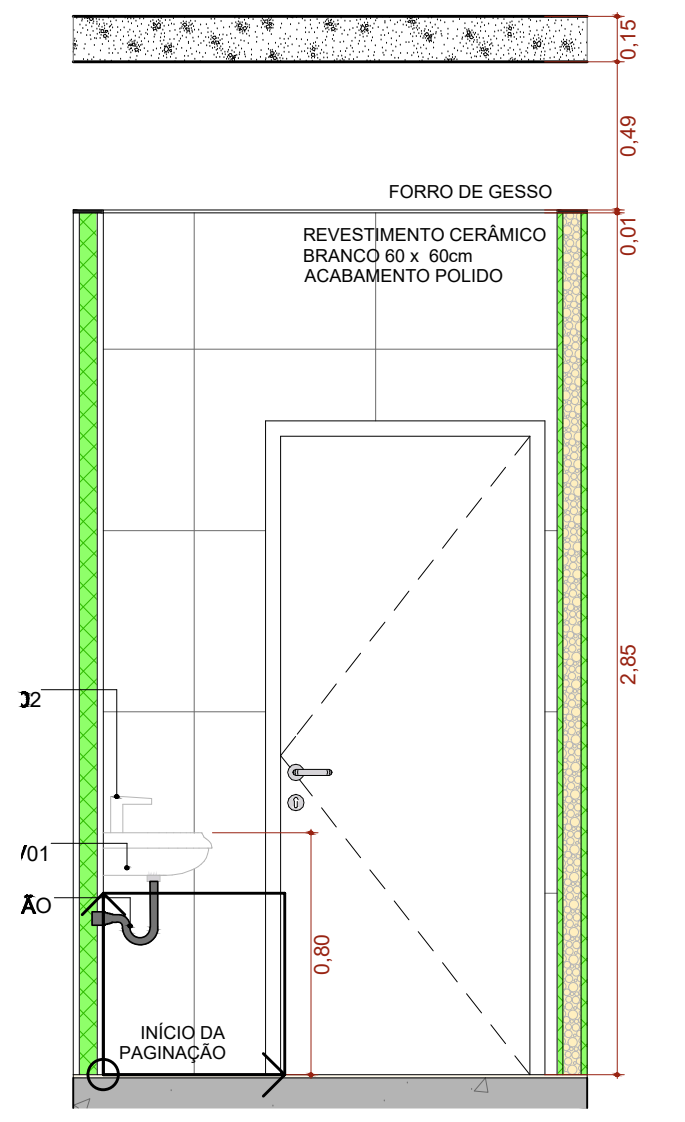
A.M.04 VISTA 2
Escala:1:25



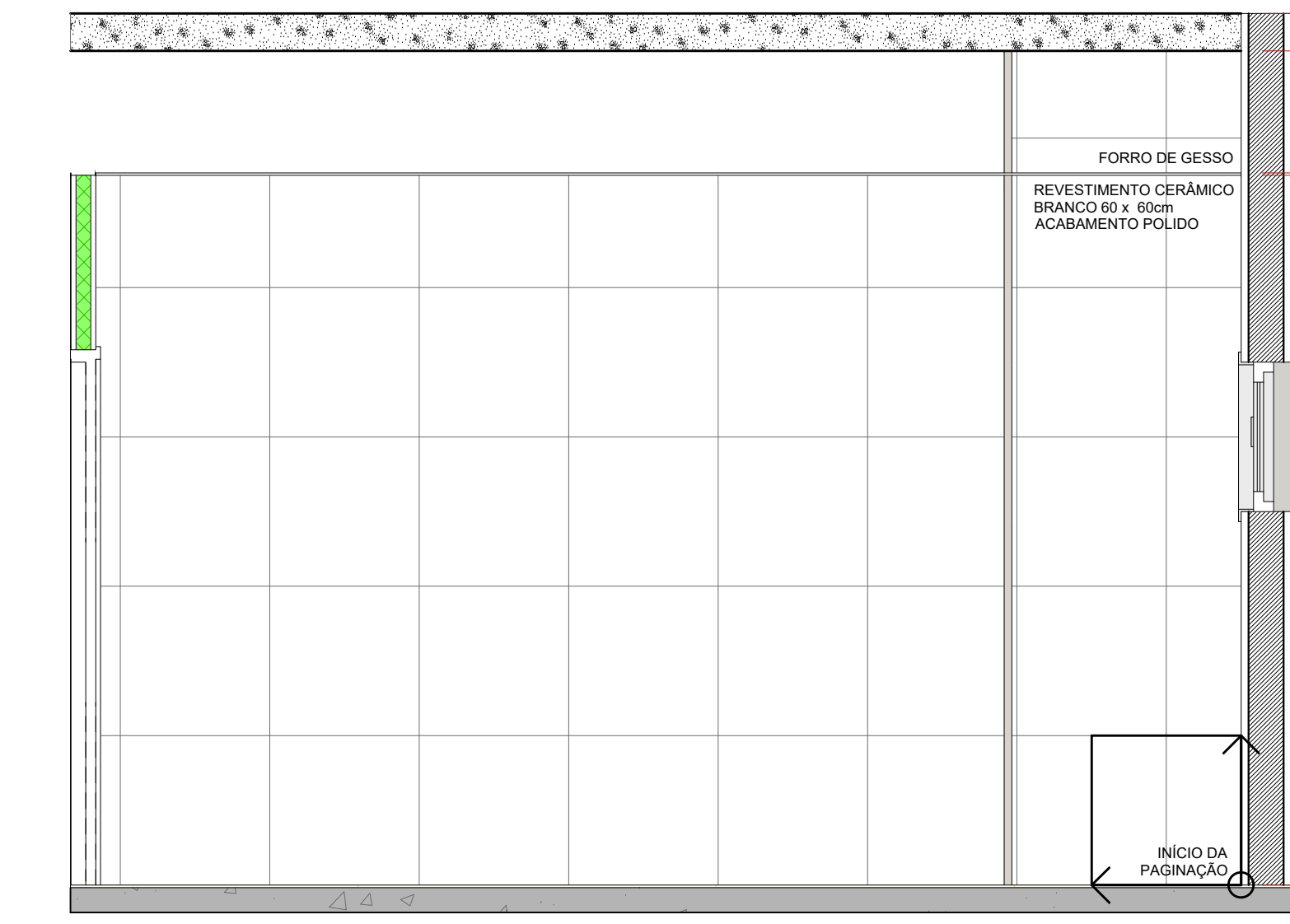
A.M.04 VISTA 3
Escala:1:25



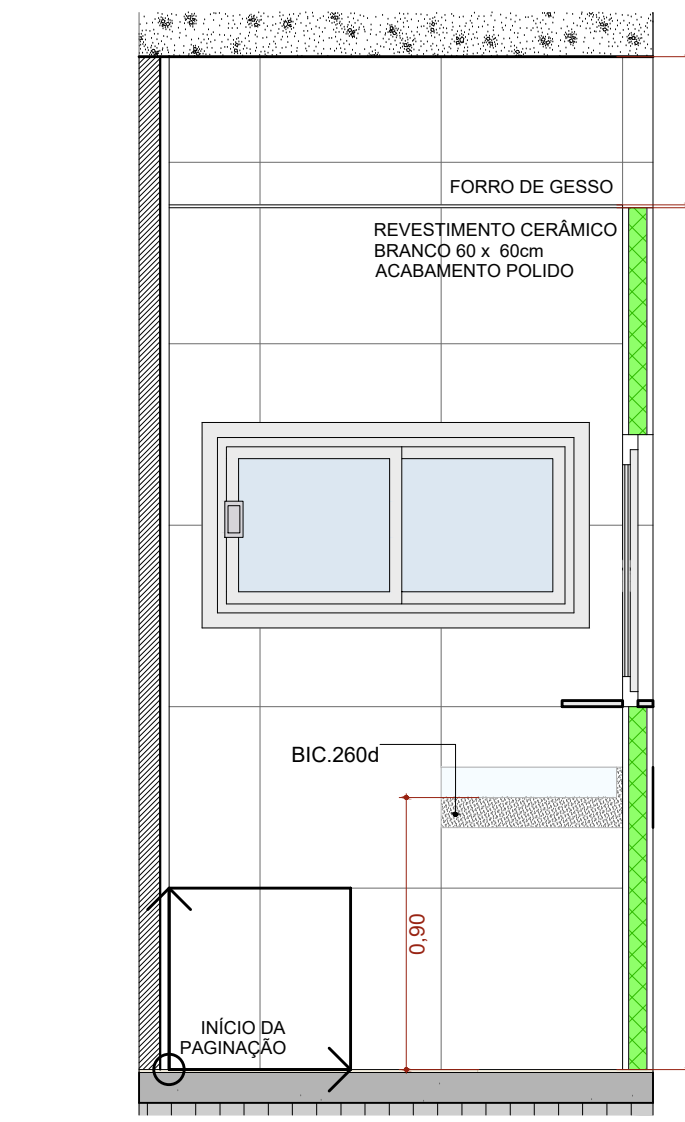
A.M.04 VISTA 4
Escala:1:25



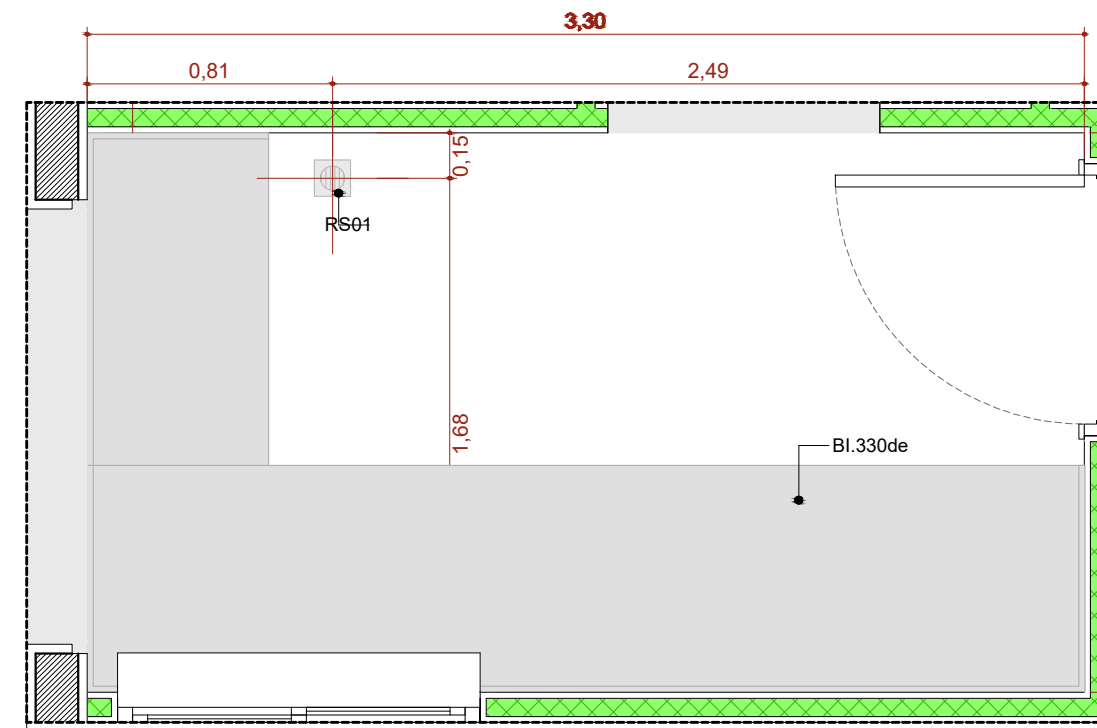
A.M.05 VISTA 2
Escala:1:25



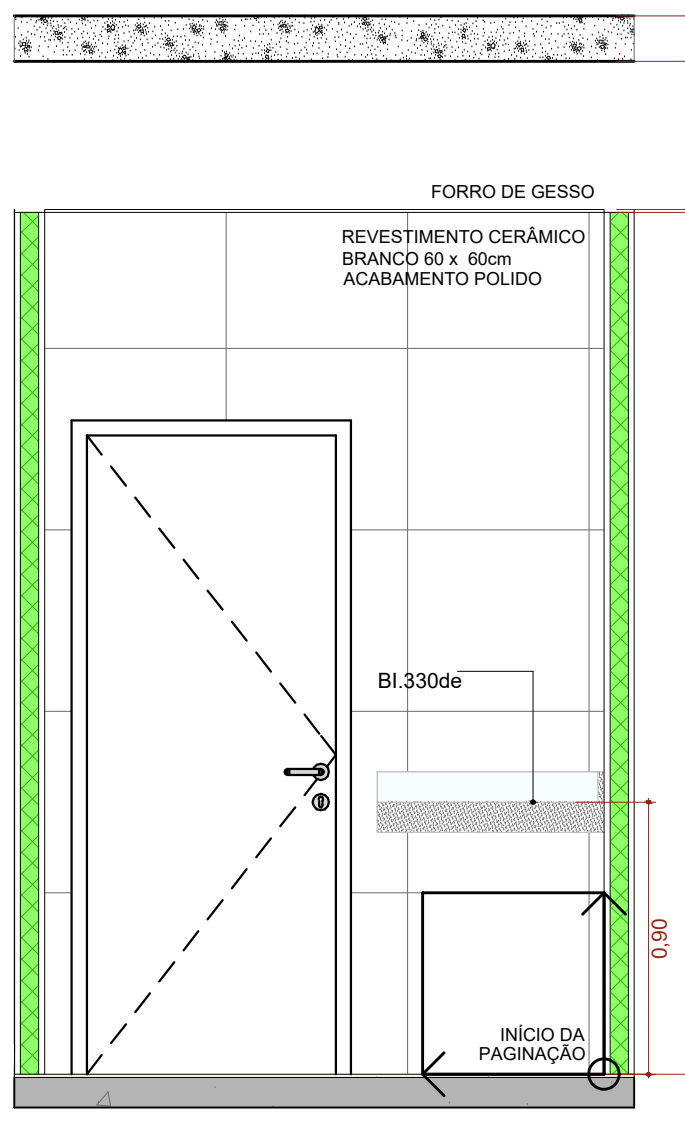
A.M.05 VISTA 3
Escala:1:25



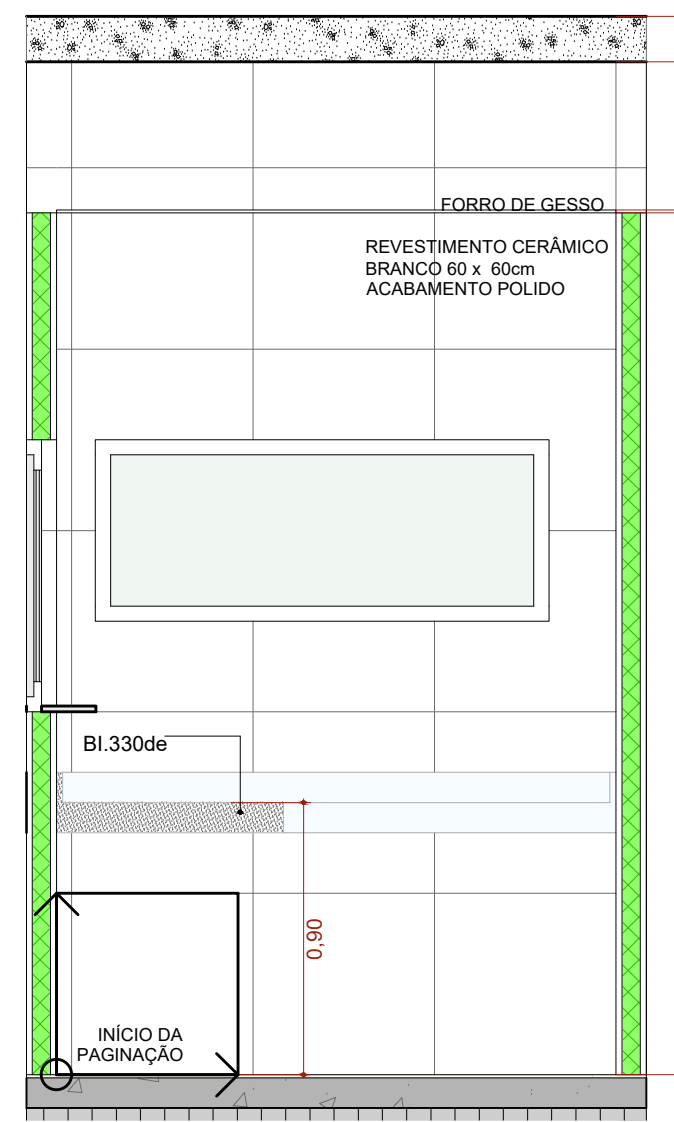
A.M.05 VISTA 4
Escala:1:25



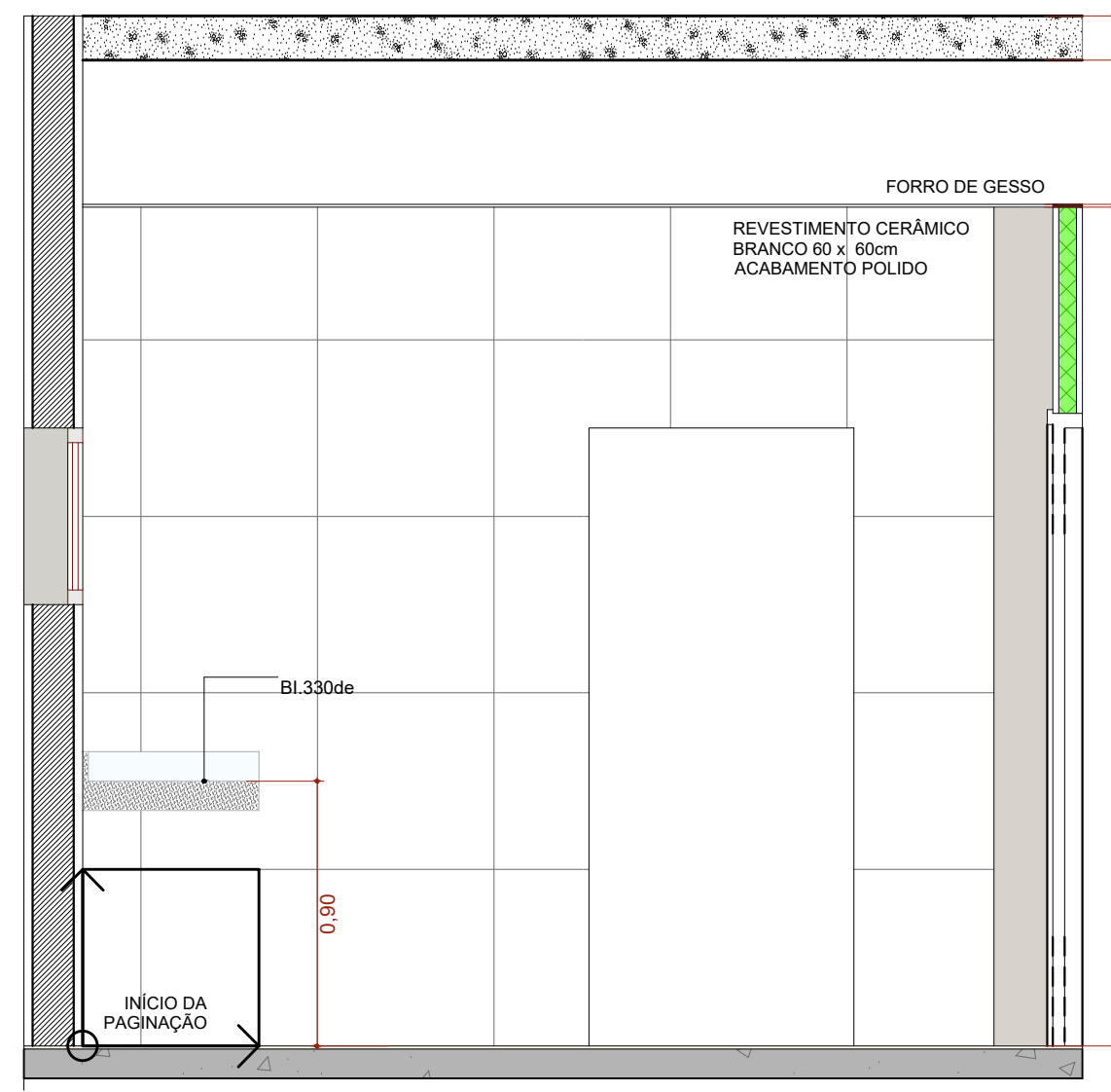
A.M.6 Esterilização
Escala:1:25



A.M.06 VISTA 4
Escala:1:25



A.M.06 VISTA 1
Escala:1:25



A.M.06 VISTA 2
Escala:1:25

ESPACIO PARA USO DA VISA	
IDENTIFICAÇÃO DO ESTABELECIMENTO	
RAZÃO SOCIAL: PREFEITURA MUNICIPAL DE SÃO ROMÃO-MG	
NOME FANTASIA: PREFEITURA DE SÃO ROMÃO-MG	
UNIDADES/SETORES: CNPJ/CNPJ: 24.891.418/0001-02	
UBS TIPO: I - NOVO HORIZONTE	
ÁREAS: A CONSTRUIR: 388,78 m² A ADEQUAR/REFORMAR: m²	
ÁREA TOTAL: 388,78 m²	
LOGRADOURO: AVENIDA EUSTAQUIO MARTINS	
BAIRRO/DISTRITO: NOVO HORIZONTE	
MUNICÍPIO/ESTADO: SÃO ROMÃO-MG	
CEP: 39.290-000	
RESPONSÁVEL LEGAL PELO ESTABELECIMENTO: ALLAN SOARES CARDOSO	
ASSINATURA: _____	
CPF: 049.178.516-02	
RESPONSÁVEL TÉCNICO PELO PROJETO ARQUITETÔNICO	
NOME: AUGUSTO CESAR DOS SANTOS FREITAS	
CÁD/CREA-MG: 348.719/0	
ASSINATURA: _____	
CPF: 049.178.516-02	
CONTEÚDO DA FOLHA: DETALHAMENTO ÁREAS MOLHADAS 01/02	
DATA: MARÇO/2025	
FOLHA Nº: 09/10	

