|                     | BUILDING DI                           | VISION-BUILI  | DING INSPE | CTOR        | REPORT CARD |         |  |
|---------------------|---------------------------------------|---------------|------------|-------------|-------------|---------|--|
| TYPE BUILDINGS      |                                       |               |            |             |             |         |  |
| PERMIT NO.          | LOCATION                              | .5            | 801        |             | U. Gt.      |         |  |
| <u> </u>            | PURPOSE                               | Du            | 'ld        | aa          | tio tione   | anderle |  |
| 201/13-1            | OWNER                                 | b. L. Bedford |            |             |             |         |  |
| ZONE                | ARCH'T,                               | ARCH'T,       |            |             |             |         |  |
|                     | CONT'R,                               | Qu            | mer        |             |             |         |  |
| VAL 500             | 000                                   | STORIES       | ROOM       | 8           | APTS.       | SIZE    |  |
| LIGHT<br>SHAFTS     | · · · · · · · · · · · · · · · · · · · |               |            | ELEVA       | TOR FTS     |         |  |
| VENT<br>SHAFTS      |                                       |               |            | BOIL        | LER         |         |  |
| OWNER'S<br>ISPECTOR |                                       |               | SPRIN      | KLER<br>TEM |             |         |  |
| LATH                | АТН                                   |               |            | GA<br>VEN   | AS<br>NTS   |         |  |
| FIRE<br>BSCAPES     | B8                                    |               |            | СНІМ        | NEYS        |         |  |
| STAND<br>PIPES      |                                       |               |            | SKYLI       | GHT8        |         |  |

| DATE. | CONDITION OF WORK-REMARKS |           |  |  |  |  |  |
|-------|---------------------------|-----------|--|--|--|--|--|
|       |                           |           |  |  |  |  |  |
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|       |                           |           |  |  |  |  |  |
|       |                           |           |  |  |  |  |  |
| COMP  | LETE                      | INSPECTOR |  |  |  |  |  |