de. Ins. Form 1							
		BUILDING	DIVISION-BUILI	DING INSPI	CTOR	S REPORT CARD	
			TYPE B				
PERMIT N 3- 2- 7-5-9 DATE		LOCATION PURPOSE OWNER	N 3 Ad	744·	#	the area.	
7 - / 7 - 3 ZONE	<u>~0 ·</u>	ARCH'T,	(len				
VAL.	200		STORIES	ROOM	18	APTS.	SIZB
LIGHT SHAFTS		ELEVATOR SHAFTS					
VENT SHAFTS					BOI	LER DMS	,
OWNER'S INSPECTOR				SPRIN	IKLER TEM		
LATH				GAS VENTS			
FIRE ESCAPES					CHIMNEYS		
STAND PIPES					SKYL	IGHTS	

DATE	CONDITION OF WORK-REMARKS
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	COMPLETE AND O. K. INSPECTOR

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