

**BUILDING DIVISION—BUILDING INSPECTOR'S REPORT CARD**

**TYPES I, II, III, IV, V, VI BUILDINGS**

|                                  |   |               |  |
|----------------------------------|---|---------------|--|
| <b>PERMIT NO.</b><br><i>7220</i> | <b>LOCATION</b><br><i>431 M St</i>                |               |  |
| <b>DATE</b><br><i>10/2/20</i>    | <b>PURPOSE</b><br><i>Install Ice Box for Ref.</i> |               |  |
| <b>ZONE</b><br><i>Gen Com</i>    | <b>OWNER</b><br><i>Fong Jim Toon</i>              | <b>PHONES</b> |  |
|                                  | <b>ARCH'T</b>                                     |               |  |
|                                  | <b>CONT'R</b><br><i>Op Edwards</i>                |               |  |

|                              |                |              |              |             |
|------------------------------|----------------|--------------|--------------|-------------|
| <b>VAL.</b><br><i>2000 -</i> | <b>STORIES</b> | <b>ROOMS</b> | <b>APTS.</b> | <b>SIZE</b> |
|------------------------------|----------------|--------------|--------------|-------------|

|                                     |  |                         |  |
|-------------------------------------|--|-------------------------|--|
| <b>Steel Tested by</b>              |  | <b>Elevator Shafts</b>  |  |
| <b>Cement Tested by</b>             |  | <b>Boiler Rooms</b>     |  |
| <b>Owner's Inspector Rfd. Conc.</b> |  | <b>Sprinkler System</b> |  |
|                                     |  | <b>Floor Tests</b>      |  |
| <b>Fire Escapes</b>                 |  |                         |  |
| <b>Stand Pipes</b>                  |  |                         |  |

| <b>DATE</b> | <b>CONDITION OF WORK—REMARKS</b> |
|-------------|----------------------------------|
|             |                                  |
|             |                                  |
|             |                                  |
|             |                                  |
|             |                                  |
|             |                                  |
|             |                                  |
|             |                                  |
|             |                                  |
|             |                                  |
|             | <b>COMPLETED<br/>AND O.K.</b>    |
|             | <b>INSPECTOR</b>                 |