

BUILDING DIVISION—BUILDING INSPECTOR'S REPORT CARD

TYPE BUILDINGS

PERMIT NO. <i>A-6501-</i>	LOCATION <i>1127 - 10th</i>
DATE <i>6/18/37</i>	PURPOSE <i>Wiring Elec. Signs</i>
ZONE	OWNER <i>Sutter Hospital</i>
	ARCH'T.
	CONTR.

VAL. <i>100.00</i>	STORIES	ROOMS	APTS.	SIZE
--------------------	---------	-------	-------	------

LIGHT SHAFTS		ELEVATOR SHAFTS	
VENT SHAFTS		BOILER ROOMS	
OWNER'S INSPECTOR		SPRINKLER SYSTEM	
LATH		GAS VENTS	
FIRE ESCAPES		CHIMNEYS	
STAND PIPES		SKYLIGHTS	

1. Bldg. Ins. Form 1 2M 1-37
 2. Bldg. Ins. Form 1 2M 1-37
 3. Bldg. Ins. Form 1 2M 1-37
 4. Bldg. Ins. Form 1 2M 1-37
 5. Bldg. Ins. Form 1 2M 1-37
 6. Bldg. Ins. Form 1 2M 1-37
 7. Bldg. Ins. Form 1 2M 1-37
 8. Bldg. Ins. Form 1 2M 1-37
 9. Bldg. Ins. Form 1 2M 1-37
 10. Bldg. Ins. Form 1 2M 1-37
 11. Bldg. Ins. Form 1 2M 1-37
 12. Bldg. Ins. Form 1 2M 1-37
 13. Bldg. Ins. Form 1 2M 1-37
 14. Bldg. Ins. Form 1 2M 1-37
 15. Bldg. Ins. Form 1 2M 1-37
 16. Bldg. Ins. Form 1 2M 1-37
 17. Bldg. Ins. Form 1 2M 1-37
 18. Bldg. Ins. Form 1 2M 1-37
 19. Bldg. Ins. Form 1 2M 1-37
 20. Bldg. Ins. Form 1 2M 1-37

DATE	CONDITION OF WORK—REMARKS
	<p data-bbox="337 984 488 1030">COMPLETE AND O. K.</p> <p data-bbox="1323 1007 1480 1030">INSPECTOR</p>