| ···                   | EI ILDING E |         |         | R'S REPORT CARD     |      |  |
|-----------------------|-------------|---------|---------|---------------------|------|--|
|                       |             | TYPE E  | UILDIN  | GS                  |      |  |
| PERMIT NO             | LOCATION    | - 2     | 108 - 6 | T. Ot.              |      |  |
| 13-78                 | PURPOSE     | 120     | 21      |                     |      |  |
| MA DATE               | OWNER       | 14.5    | 1112    | teinson             |      |  |
| may 1                 | -119        |         | v Jane  |                     |      |  |
| PONE                  | ARCH'T,     |         |         |                     |      |  |
| - 1/-                 | CONT'R.     | STORIES | ROOMS   | APTS.               | SIZI |  |
| VAL                   | 0           |         | ·       |                     |      |  |
| LICHT<br>SHAFTS       |             |         | ELE SI  | VATOR<br>RAFTS      |      |  |
| VENT<br>SHAFTS        |             |         | BO      | OILER<br>DOMS       |      |  |
| OWNER'S<br>INSPECTOR  |             |         | SPR     | SPRINKLER<br>SYSTEM |      |  |
| LATH GAS VENTS        |             |         |         |                     |      |  |
| FIRE ESCAPES CHIMNEYS |             |         |         | <del></del>         |      |  |
| ESCAPES               |             |         |         | SKYLIGHTS           |      |  |

|   |       |                           | A section of the section |           |  |  |
|---|-------|---------------------------|--------------------------|-----------|--|--|
|   | DATE. | CONDITION OF WORK-REMARKS |                          |           |  |  |
|   |       |                           |                          |           |  |  |
|   |       |                           |                          |           |  |  |
|   |       |                           |                          |           |  |  |
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|   |       |                           |                          |           |  |  |
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|   |       |                           |                          |           |  |  |
|   |       |                           |                          |           |  |  |
| . |       |                           |                          |           |  |  |
|   |       | COMPLETE<br>AND O. K.     |                          | INSPECTOR |  |  |