

BUILDING DIVISION-BUILDING INSPECTOR'S REPORT CARD

TYPE BUILDINGS

*R-13-15*

|                                    |  |
|------------------------------------|--|
| <b>PERMIT NO.</b><br><i>B-7976</i> | <b>LOCATION</b><br><i>1537-55<sup>th</sup> St.</i>           |
| <b>DATE</b><br><i>4/22/48</i>      | <b>PURPOSE</b><br><i>Erect new dwlg. &amp; gar. attached</i> |
| <b>ZONE</b>                        | <b>OWNER</b><br><i>Myron Wetmore</i>                         |
|                                    | <b>ARCH'T.</b>   |
|                                    | <b>CONTR.</b><br><i>Owner</i>                                |

|   |                |              |              |             |
|---|----------------|--------------|--------------|-------------|
| <b>VAL.</b><br><i>10,000<sup>00</sup></i> | <b>STORIES</b> | <b>ROOMS</b> | <b>APTS.</b> | <b>SIZE</b> |
|---|----------------|--------------|--------------|-------------|

|                          |  |                         |                          |
|--------------------------|--|-------------------------|--------------------------|
| <b>LIGHT SHAFTS</b>      |  | <b>ELEVATOR SHAFTS</b>  | <i>1225<sup>0</sup>'</i> |
| <b>VENT SHAFTS</b>       |  | <b>BOILER ROOMS</b>     |                          |
| <b>OWNER'S INSPECTOR</b> |  | <b>SPRINKLER SYSTEM</b> |                          |
| <b>LATH</b>              |  | <b>GAS VENTS</b>        |                          |
| <b>FIRE ESCAPES</b>      |  | <b>CHIMNEYS</b>         |                          |
| <b>STAND PIPES</b>       |  | <b>SKYLIGHTS</b>        |                          |

| DATE    | CONDITION OF WORK-REMARKS |       |             |
|---------|---------------------------|-------|-------------|
| 5/5/48  | Forms Insp.               |       | T. E. Jones |
| 6/18/48 | Frame "                   | " " " |             |
| 8/6/48  | Lath "                    | " " " |             |
| 9/1/48  | Final "                   | " " " |             |
|         |                           |       |             |
|         |                           |       |             |
|         |                           |       |             |
|         |                           |       |             |
|         |                           |       |             |
|         | COMPLETE AND O. K.        |       | INSPECTOR   |