| Blds. Ins. Form 1    |     |            |                |                     |                    |          |  | . <u></u> |
|----------------------|-----|------------|----------------|---------------------|--------------------|----------|--|-----------|
| <u> </u>             |     | BUILDING I | DIVISION-BUILI | DING INSP           | ECTOR              | REPORT C | ARD                                    |           |
| <u> </u>             |     |            | TYPE I         | BUILC               | DING               | S        |  | an.       |
| PERMIT N             | 10. | LOCATION   | <u>م</u> ي     | 417.                | -1                 | tande    | 11                                     | Re        |
| DATE                 |     | PURPOSE    | Freez          | du                  | g oc               | gan      | •                                      |           |
| 6-11-50              |     | OWNER      | mcA            | rel                 | e ge l             | All      | 4.                                     |           |
| ZONE                 |     | ARCH'T,    |                |                     |                    | 0        | ··· ·· · · · · · · · · · · · · · · · · |           |
|                      |     | CONT'R,    | Com            | 444                 |                    |          |  |           |
| VAL 76 600           |     | 0.         | STORIES        | ROOM                | OMS APTS.          |          |  | SIZE      |
| LIGHT<br>SHAFTS      |     |            |                |                     | ELEVATOR<br>SHAFTS |          |  |           |
| VENT<br>SHAFTS       |     |            |                |                     | BOILER<br>ROOMS    |          |  |           |
| OWNER'S<br>INSPECTOR |     |            |                | SPRINKLER<br>SYSTEM |                    |          |  |           |
| LATH                 |     |            |                |                     | GA<br>VEN          | TS       |  |           |
| FIRE<br>ESCAPES      |     |            |                |                     | CHIM               | IEYS     |  |           |
| STAND<br>PIPES       |     |            | ·              |                     | SKYLIC             | нте      |  |           |

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