| lda. Ins Form 1      | · · · · · · · · · · · · · · · · · · · |                |            |                    | · · · · · · · · · · · · · · · · · · · |                     |
|----------------------|---------------------------------------|----------------|------------|--------------------|---------------------------------------|---------------------|
|                      | BUILDING T                            | DIVISION-BUILT | DING INSPE | CTOR'S RE          | PORT CARD                             |                     |
|                      |                                       | TYPE E         | BUILD      | INGS               |                                       |                     |
| PERMIT NO.           | LOCATION                              |                | 345        | 6-                 | Tax.                                  |                     |
| 15-10,95             |                                       | Bene           | 11/1       | ena                | ins to d                              | wle.                |
| O / L//              | OWNER                                 | Bu             | 1 41       | War.               |                                       | 7                   |
| 20NB                 | ARCH'T,                               | /_             |            |                    |                                       |                     |
| , 2914               | CONT'R.                               | 12             | 4 /1 =     |                    | 3.0                                   | ·· <u>·</u> · - ··· |
| VAL 500              |                                       | STORIES        | ROOM       | 8                  | APTS.                                 | s                   |
| 200                  |                                       | <u> </u>       | <u> </u>   |                    |                                       |                     |
| LIGHT<br>SHAFTS      |                                       |                |            | ELEVATO<br>SHAFTS  | R                                     |                     |
| VENT<br>SHAFTS       |                                       |                |            | BOILER             |                                       |                     |
|                      |                                       | <del></del>    |            |                    |                                       |                     |
| OWNER'S<br>INSPECTOR |                                       |                |            | SPRINKLE<br>SYSTEM | IR .                                  |                     |
| LATH                 |                                       |                |            | GAS<br>VENTS       |                                       |                     |
| FIRE<br>BSCAPES      |                                       |                |            | CHIMNEY            | 78                                    |                     |
| STAND                |                                       | <del></del>    |            | SKYLIGHT           |                                       |                     |

|             |                           | •           |                                       |  |  |
|-------------|---------------------------|-------------|---------------------------------------|--|--|
| DATE        | CONDITION OF WORK-REMARKS |             |                                       |  |  |
|             |                           |             |                                       |  |  |
|             |                           |             |                                       |  |  |
| <u> </u>    |                           | <del></del> | <del></del>                           |  |  |
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| <del></del> |                           | -           | · · · · · · · · · · · · · · · · · · · |  |  |
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|             | ,                         |             |                                       |  |  |
|             |                           |             |                                       |  |  |
|             |                           |             |                                       |  |  |
|             | COMPLETE<br>AND O. K.     |             | INSPECTOR                             |  |  |

 $rac{1}{2}$  and  $rac{1}{2}$  . The second second