

BUILDING DIVISION—BUILDING INSPECTOR'S REPORT CARD

TYPE BUILDINGS

|                             |                                    |
|-----------------------------|------------------------------------|
| PERMIT NO.<br><i>B-5216</i> | LOCATION<br><i>4939 - P Street</i> |
| DATE<br><i>4/14/40</i>      | PURPOSE<br><i>New dwg.</i>         |
| ZONE                        | OWNER<br><i>John G. Miller -</i>   |
|                             | ARCH'T.                            |
|                             | CONTR.<br><i>Owner</i>             |

|                               |                     |                   |       |      |
|-------------------------------|---------------------|-------------------|-------|------|
| VAL. <i>3800<sup>00</sup></i> | STORIES<br><i>1</i> | ROOMS<br><i>5</i> | APTS. | SIZE |
|-------------------------------|---------------------|-------------------|-------|------|

|                   |  |                  |                          |
|-------------------|--|------------------|--------------------------|
| LIGHT SHAFTS      |  | ELEVATOR SHAFTS  | <i>area</i>              |
| VENT SHAFTS       |  | BOILER ROOMS     | <i>1040<sup>00</sup></i> |
| OWNER'S INSPECTOR |  | SPRINKLER SYSTEM |                          |
| LATH              |  | GAS VENTS        |                          |
| FIRE ESCAPES      |  | CHIMNEYS         |                          |
| STAND PIPES       |  | SKYLIGHTS        |                          |

| DATE    | CONDITION OF WORK-REMARKS |                    |
|---------|---------------------------|--------------------|
| 4/18-40 | 16'                       | Jump forms of Puts |
| 7/20-40 | 2                         | Frame " Puts       |
| 7/10-40 | 3                         | Lath " Puts        |
| 1/15-40 | 4                         | Finaled & H. Puts  |
|         |                           |                    |
|         |                           |                    |
|         |                           |                    |
|         |                           |                    |
|         |                           |                    |
|         | COMPLETE AND O. K.        |                    |
|         | INSPECTOR                 |                    |