

## BUILDING DIVISION—BUILDING INSPECTOR'S REPORT CARD

## TYPE BUILDINGS

PERMIT NO. <i>NO CHG</i>	LOCATION <i>403 14 ST</i>			
DATE <i>4-18-52</i>	PURPOSE <i>REPAIR FRONT STAIRS</i>			
ZONE	OWNER <i>T. COLEMAN</i>			
	ARCH'T.			
	CONTR. <i>OWNER</i>			
VAL.	STORIES	ROOMS	APTS.	SIZE
LIGHT SHAFTS		ELEVATOR SHAFTS		
VENT SHAFTS		BOILER ROOMS		
OWNER'S INSPECTOR		SPRINKLER SYSTEM		
LATH		GAS VENTS		
FIRE ESCAPES		CHIMNEYS		
STAND PIPES		SKYLIGHTS		

DATE	CONDITION OF WORK--REMARKS
	<p data-bbox="299 853 421 891"><b>COMPLETE AND O. K.</b></p> <p data-bbox="1111 871 1240 891"><b>INSPECTOR</b></p>