

B155735

## BUILDING DIVISION — BUILDING INSPECTOR'S REPORT CARD

\$10.00

## TYPE BUILDINGS

D.F.

|            |  |                       |  |            |  |                               |  |               |  |
|------------|--|-----------------------|--|------------|--|-------------------------------|--|---------------|--|
| PERMIT NO. |  | LOCATION              |  |            |  | A-2                           |  |               |  |
| S-3870     |  | 2001 - Capitol Avenue |  |            |  |                               |  |               |  |
| DATE       |  | PURPOSE               |  |            |  |                               |  |               |  |
| Oct 13-64  |  | Const. Sign Class E   |  |            |  |                               |  |               |  |
| ZONE       |  | OWNER                 |  |            |  | Same                          |  |               |  |
| C-2        |  | ARCH'T                |  |            |  | 371-3633                      |  |               |  |
|            |  | CONT'R                |  |            |  | Best Neon 3508 - W. Cap. Ave. |  |               |  |
| VAL.       |  | STORIES               |  | ROOMS      |  | APTS.                         |  | SIZE          |  |
| \$300.     |  |                       |  |            |  |                               |  |               |  |
| INSP.      |  | DATE                  |  | BLDG. TYPE |  | OCCUPANCY GROUP               |  | PHONE (O) (C) |  |
| FORM       |  |                       |  |            |  |                               |  |               |  |
| JOIST      |  |                       |  |            |  |                               |  |               |  |
| FRAME      |  |                       |  |            |  |                               |  |               |  |
| SHEET ROCK |  |                       |  |            |  |                               |  |               |  |
| FINAL      |  | 11-2-64               |  | Hammond    |  |                               |  |               |  |

| DATE               | SPECIAL CONDITIONS OF WORK — REMARKS |
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| COMPLETE<br>AND OK | INSPECTOR                            |