

2 CANARY-OFFICE

1 WHITE-INSPECTOR

Date Issued

Permit #

4 GOLD-APPLICANT

IDENTIFICATION Block	Lot	Qualification Cod	de
Work Site Location	·	Contractor	
	-	Address	
Owner in Fee			
		Tel. ()	
Tel. ()		Lic. No. or Bldrs. Reg. No.	
Is hereby granted permission to pe	•		MENTS (Office Use Only)
	FIRE PROTECTION [ ] DE	50	ding
	ASBESTOS ABATEMENT [ ] OT		etrical
[ ] ELEVATOR DEVICES [ ]	(Subchapter 8 only)		nbing
DESCRIPTION OF WORK:	(00000000000000000000000000000000000000		Protection
DESCRIPTION OF WORK:			rator Devices
		· · · · · · · · · · · · · · · · · · ·	er
		DCA	State Permit Fee
			. of Occupancy
NOTE: If construction does not commence within one (1) year of date of issuance, or			er
if construction ceases for a period of six (6) months, this permit is void.  Estimated Cost of Work \$		Tota	l
		Che	ck No
<del></del>			h
Construction Official	Date		ected by
U.C.C. F170 (rev. 01/04)		L	(see reverse side)

3 PINK-TAX ASSESSOR