FORM B. B. No. 111

LOCATION 2901 Strickland St.

OWNER The Maryland Workshop For the Blind.

OCCUPANCY CLASS _____ CONSTRUCTION TYPE _____

HEIGHT { _____ STORIES / _____ FEET } AREA _____ SQ. FT.

VOLUME _____ CU. FT. CERTIFICATE NO. _____

DIV.	20	20
SEC.	5	5
BL'K	2131B	2134
LOT	30	46
B'L'DG		

APPLICATION RECEIVED	PURPOSE OF APPLICATION	PERMIT NUMBER	PERMIT DATE	CONSTRUCTION COST	DATE OF COMPLETION	REMARKS
3-11-55	Work Shop & Training Center. Frame @ 1 Sty Brick & Reinforced Conc.	175970	5-11-55	310000	6-8-56	Pl. 591

OVER