

LOCATION 700 E. 36<sup>TH</sup> ST.  
 OWNER \_\_\_\_\_  
 OCCUPANCY CLASS \_\_\_\_\_ CONSTRUCTION TYPE \_\_\_\_\_  
 HEIGHT { \_\_\_\_\_ STORIES \_\_\_\_\_ AREA \_\_\_\_\_ SQ. FT.  
 \_\_\_\_\_ FEET \_\_\_\_\_  
 VOLUME \_\_\_\_\_ CU. FT. CERTIFICATE NO. \_\_\_\_\_

DIV. 9  
 SEC. 20  
 BL'K 4058<sup>A</sup>  
 LOT 1  
 B'L'DG \_\_\_\_\_

| APPLICATION RECEIVED | PURPOSE OF APPLICATION              | PERMIT        |                 | CONSTRUCTION COST        | DATE OF COMPLETION            | REMARKS        |
|----------------------|-------------------------------------|---------------|-----------------|--------------------------|-------------------------------|----------------|
|                      |                                     | NUMBER        | DATE            |                          |                               |                |
| <u>1/6/24</u>        | <u>Erect 1-story brick dwelling</u> | <u>50</u>     | <u>1/7/24</u>   | <u>1925<sup>00</sup></u> |                               |                |
| <u>10/9/24</u>       | <u>Erect metal garage</u>           | <u>5745</u>   | <u>10/9/24</u>  | <u>150<sup>00</sup></u>  |                               |                |
| <u>4-23-41</u>       | <u>Repair porch of fr. step.</u>    | <u>3826</u>   | <u>4-23-41</u>  | <u>30<sup>00</sup></u>   |                               |                |
| <u>12-5-57</u>       | <u>Garage @ 1000 Brick garage</u>   | <u>209293</u> | <u>12-19-57</u> | <u>1400<sup>00</sup></u> | <u>VOID</u><br><u>1-22-59</u> | <u>Pl. 125</u> |
|                      |                                     |               |                 |                          |                               |                |
|                      |                                     |               |                 |                          |                               |                |
|                      |                                     |               |                 |                          |                               |                |
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|                      |                                     |               |                 |                          |                               |                |
|                      |                                     |               |                 |                          |                               |                |
|                      |                                     |               |                 |                          |                               |                |

OVER