FORM B. S. NO. 111

LOCATION 2565 CECIL AVE.

OWNER

OCCUPANCY CLASS _____ CONSTRUCTION TYPE _____

HEIGHT _____ STORIES _____ FEET

AREA _____ SQ. FT.

VOLUME _____ CU. FT. CERTIFICATE NO. _____

DIV. 9
SEC. 14
BL'K 4114-I
LOT 109
B'L'DG

APPLICATION RECEIVED	PURPOSE OF APPLICATION	PERMIT NUMBER	PERMIT DATE	CONSTRUCTION COST	DATE OF COMPLETION	REMARKS
3-27-57	install new alum. gable roof	198754	3-28-57	299.00	9-4-57	1 fam.

OVER