Form # P 04	DISPLAY	THIS	CARD	ON	PRINCIPAL	FRONT	AGE	OF	WOI	R	
Please Rea Application A Notes, If An	nd		CITY BU				D				
Attached				P	PERMIT			Permit Number: 081280			
This is to certi	fy thatMAINE	E-MEDICA	L-CENTER-	uine -	Me			PEF	RMIT I	SSUED	<b>q</b> ↓
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OTH Fire Dept.		ovals ass									
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Appeal Board	Department Name					This	mh Director -	Building &		Leg 19 Services	14/05
PENALTY FOR REMOVING THIS CARD											



HOZOS Close SMH