

Application ID Number:

Department: Status: Reviewer:

Comments: Approval Date:

Given On Date:

OK to Issue Permit Name: Date: Date 2:

Conditions Section:

Sonor tube locations for deck support to be field determined and Ok'd prior to placement. All CMU to be reinforce with horizontal (dura-wall type) and vertical re bar.

Lally columns to be set 7' on center

Create Date: By: Update Date: By: