Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

## **CITY OF PORTLAND**

Please Read Application And Notes, If Any, Attached

BU

Permit Number: 090441

| This is to certify thatCODY DAVID M /H   | Home Own   | PERRY LINSUED  |
|--|--|--|
| has permission to Replacing Deck Surfa   | aces, Fron orch and air Sur s. All e   | s existing.  |
| AT -121 CONCORD ST   | - C  | 131 K00\$001   |
| provided that the person or pers   |  | pting this permit shall comply with al   |
| of the provisions of the Statutes the construction, maintenance a this department.           | s of Mage and of the and structure of buildings and structure of buildings and structure of the and structure of t | ices of the City of Portland regulating<br>ures, and of the application on file in |
| Apply to Public Works for street line and grade if nature of work requires such information. | Not ation o ispectic must give nd writt permissi procu befor this but ing or prohereo lath or oth sed-in.  HOL NOTICE IS REQUIRED.   | A certificate of occupancy must be procured by owner before this build-            |
| OTHER REQUIRED APPROVALS   |  |  |
| Fire Dept.   |  |  |
| Health Dept.   |  |  |
| Appeal Board   |  | 11 10 10 10 7/21   |
| Other Department Name  | Non-Marine Marine and American  | Thomas M. W. Carles 3/28/0 Director - Building & Inspection Services               |

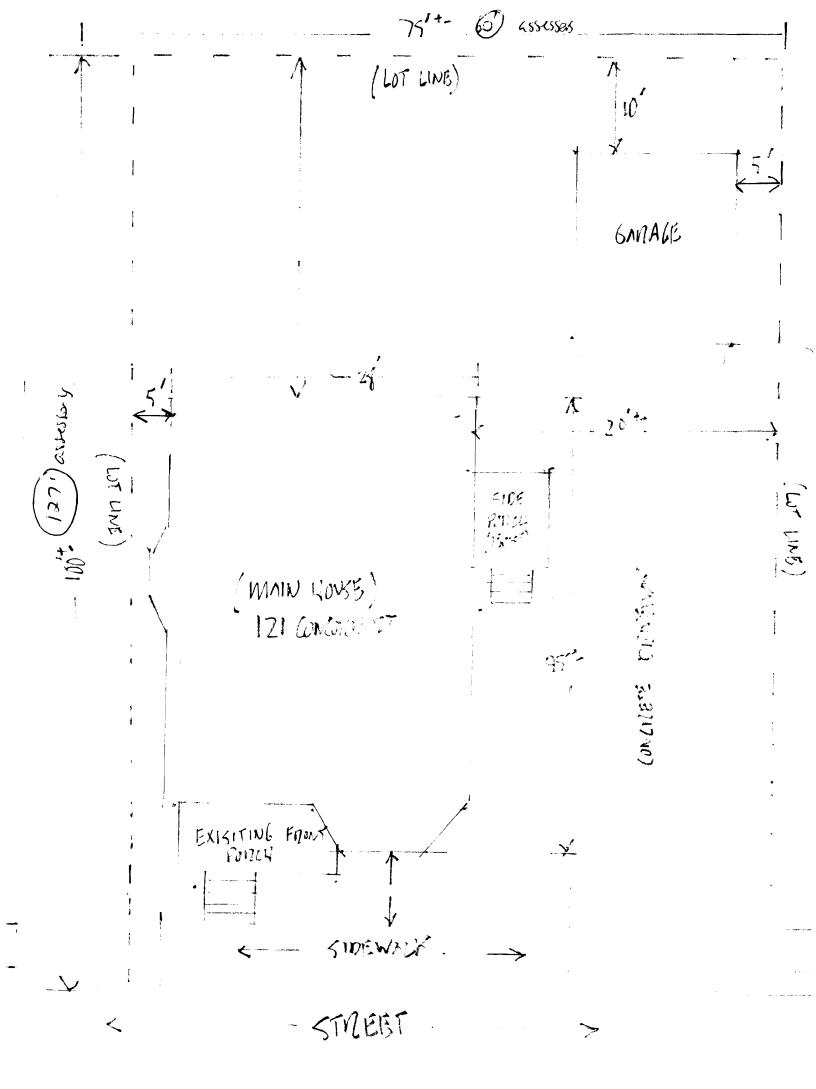
PENALTY FOR REMOVING THIS CARD

| Lesselon of Construction:   CONY DAVID M   CONTRADGREST   Phone:   125 CONCORD ST   207-773-1618   | City of Portland, Mai 389 Congress Street, 041   |                            | •                                   |                 |                                     | 1                | rmit No:<br>09-0441                    | Issue Date               | •                            | 131 K                      | 005001              |  |  |
|--|--|----------------------------|-------------------------------------|-----------------|-------------------------------------|------------------|--|--------------------------|------------------------------|----------------------------|---------------------|--|--|
| 22 CONCORD ST   CODY DAVID M   125 CONCORD ST   207-773-1618   |  |                            |                                     |                 |                                     |                  | r Address:                             |                          |                              |                            |                     |  |  |
| Home Owner   Ploate:   Proposed Use:   Proposed Use:   Alterations - Dwellings   Cost of Work:   Proposed Use:   Two Family Residential   Two Family Residential   Proposed Use:   Propo   | ļ  |                            | CODY DAVID M                        |                 |                                     |                  |  | Т                        |                              |                            |                     |  |  |
| Past Use: Two Family Residential   Proposed Use: Two Family Residential - Replacing   Deck Surfaces, (Front Porch) and Stair Surfaces, All else is existing.   Deck Surfaces, (Front Porch) and Stair Surfaces, All else is existing.   Proposed Project Description: Replacing Deck Surfaces, (Front Porch) and Stair Surfaces, All else is existing.   Proposed Project Description: Replacing Deck Surfaces, (Front Porch) and Stair Surfaces, All else is existing.   Proposed Project Description: Replacing Deck Surfaces (Front Porch) and Stair Surfaces, All else is existing.   Proposed Project Description: Replacing Deck Surfaces (Front Porch) and Stair Surfaces, All else is existing.   Proposed Project Description: Replacing Deck Surfaces (Front Porch) and Stair Surfaces, All else is existing.   Proposed Project Description: Replacing Deck Surfaces (Front Porch) and Stair Surfaces, All else is existing.   Proposed Project Description: Replacing Deck Surfaces (Front Porch) and Stair Surfaces, All else is existing.   Proposed Project Description: Replacing Deck Surfaces (Front Porch) and Stair Surfaces, All else is existing.   Proposed Project Description: Replacing Deck Surfaces (Front Porch) and Stair Surfaces, All else is existing.   Proposed   Project Description: Replacing Deck Surfaces   Project Description: Replacing Deck Sur   | Business Name: Contractor Name   |                            |                                     |                 | <del></del>                         | Contra           | actor Address:                         |                          |                              | Phone                      |                     |  |  |
| Past lase: Two Family Residential   Proposed Use: Two Family Residential - Replacing Deck Surfaces, All else is existing.   Proposed Project Description: Sol. 00   S4,000.00   4  |  | Home Owner                 |                                     |                 |                                     |                  |  |                          |                              |                            |                     |  |  |
| Permit    | Lessee/Buyer's Name  | Phone:                     |                                     |                 | Permi                               | t Type:          |  |                          |                              | 1 -                        |                     |  |  |
| Two Family Residential  Two Family Residential - Replacing Deck Surfaces, Affect Affects Affec |  |                            |                                     |                 |                                     | erations - Dwe   | llings                                 |                          |                              | <u> </u>                   |                     |  |  |
| Deck Surfaces, Front Porch and Stair Surfaces, All else is existing.   Denied   De   | Past Use:  | Proposed Use:              | Use:                                |                 |                                     | it Fee:          | Cost of Wor                            | k: CF                    | 00 4                         |                            |                     |  |  |
| Stair Surfaces, All else is existing.   Denied   | Two Family Residential   |                            |                                     |                 |                                     |                  |  | \$4,00                   |                              |                            |                     |  |  |
| Denied   TRC 200   |  |                            |                                     |                 |                                     |                  |  |                          |                              | C                          |                     |  |  |
| Approved    | ,  |                            |                                     | . All CIS       | c is existing.                      |                  |  | Denied                   | Use Group                    | ( K )                      | Type:               |  |  |
| Approved    | legaluse - 20  |                            | 2 d.v.                              | 2 d.v.          |                                     |                  |  |                          | T                            | IR(2007                    |                     |  |  |
| Approved    | Proposed Project Description   |                            | L                                   |                 |                                     |                  |  |                          | -                            |                            |                     |  |  |
| Approved   Approved w/Conditions   Denied  | ! -  | Front Porci                | hand Stair Surfa                    | aces. Al        | l else is                           | Signat           | hure:                                  |                          | Signature.                   | 2.                         | -128/0              |  |  |
| Action:   Approved   Approved w/Conditions   Denied  |  |                            | ngana stan sam                      |                 | 1 4.54 15                           | •                |  | VITIES DIST              | TRICT (P.A                   | .D.)                       | 3/00/0              |  |  |
| Signature:   Date:   |  |                            |                                     |                 |                                     |                  |  |                          |                              |                            | Denied              |  |  |
| Permit Taken By:   |  |                            |                                     |                 |                                     |                  |  | .u / / / / /             | noved wee                    |                            | Demied              |  |  |
| Imd    O5/11/2009   Special Zone or Reviews   Zoning Appeal   Not in District or Landred Potential Reviews   Shoreland   Variance   Not in District or Landred Potential Reviews   Shoreland   Variance   Not in District or Landred Potential Reviews   Shoreland   Variance   Not in District or Landred Reviews   Requires Review   Does Not Require Reviews   Shoreland   Variance   Not in District or Landred Potential Reviews   Shoreland   Variance   Not in District or Landred Reviews   Does Not Require Reviews   Subdivision   Interpretation   Approved   Approved   Approved   Approved   Approved   Approved   Approved   Approved   Denied   Den |  |                            |                                     |                 |                                     | Signat           |  |                          |                              | ate:                       |                     |  |  |
| 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.  Siste Plan  Miscellaneous  Conditional Use  Requires Review  Approved  Approved  Approved  Denied  CV wl Condition  Maj Minor MM Denied  Denied  Denied  Denied  Date:  CERTIFICATION  I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and the I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representation  Addition of the code(s) applicable such permit.  |  | 1                          | · -                                 |                 |                                     |                  | Zoning                                 | Approva                  | al                           |                            |                     |  |  |
| Applicant(s) from meeting applicable State and Federal Rules.  2. Building permits do not include plumbing, septic or electrical work.  3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.    Site Plan  |  |                            |                                     | Sne             | cial Zone or Revie                  | ws               | Zonine                                 | g Anneal                 | <del></del>                  | Historic Pre               | servation           |  |  |
| permit and stop all work    Site Plan  | Applicant(s) from mee  |                            | -                                   |                 | noreland                            |                  | ☐ Variance                             |                          |                              | ,                          |                     |  |  |
| permit and stop all work    Site Plan  |  |                            |                                     |                 | x \                                 | AM               | □ <b>\</b> 4'                          |                          |                              | Dans Nat B                 | anian Danian        |  |  |
| permit and stop all work    Site Plan  | ~ ·  | • • •                      |                                     | wetland When wi |                                     | Miscellaneous    |  |                          |                              | Does Not Require Review    |                     |  |  |
| permit and stop all work    Site Plan  |  |                            | Flood Zone V                        |                 | Conditional Use                     |                  |  |                          | Requires Review              |                            |                     |  |  |
| CERTIFICATION  I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and the I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable such permit.  SIGNATURE OF APPLICANT  ADDRESS  DATE  PHONE  |  |                            | a building                          | ∏ Su            | ıbdivision                          | ☐ Interpretation |  |                          |                              | Approved                   |                     |  |  |
| CERTIFICATION  I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and the I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable such permit.  SIGNATURE OF APPLICANT  ADDRESS  DATE  PHONE  |  |                            |                                     | ☐ Si            | te Plan                             |                  | Approved                               | i                        |                              | Approved w                 | /Conditions         |  |  |
| CERTIFICATION  I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and the I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable such permit.  SIGNATURE OF APPLICANT  ADDRESS  DATE  PHONE  | The second secon |                            |                                     | <br>  Maj [     | Minor MM                            |                  | Denied                                 |                          |                              | Denied                     |                     |  |  |
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| I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable such permit.  SIGNATURE OF APPLICANT  ADDRESS  DATE  PHONE  |  |                            |                                     | C               | CERTIFICATION                       | ON               |  |                          |                              |                            |                     |  |  |
|  | I have been authorized by the jurisdiction. In addition, if shall have the authority to e  | ne owner to<br>a permit fo | make this apple<br>or work describe | ication a       | as his authorized application is is | l agent<br>sued, | t and I agree to<br>I certify that the | o conform<br>he code off | to all appl<br>ficial's autl | icable laws<br>norized rep | of this resentative |  |  |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE   | SIGNATURE OF APPLICANT   |                            | <del></del> -                       |                 | ADDRESS                             |                  |  | DATE                     |                              | PHO                        | ONE                 |  |  |
|  | RESPONSIBLE PERSON IN CH   | ARGE OF W                  | ORK TITLE                           |                 |                                     |                  |  | DATE                     |                              | рне                        | ONE                 |  |  |

## General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

| Location/Address of Construction: /3  | 1 CONCORD ST  | Porthaul  |
|---|---|---|
| Total Square Footage of Proposed Structure/   | Area Square Footage of Lot  | Number of Stories   |
| Tax Assessor's Chart, Block & Lot<br>Chart# 131 Block# K Lot# 005<br>-001   | Applicant *must be owner, Lessee or I  Name DAVID M COS  Address 121 Concord ST  City, State & ZipPonTLand me | Buyer* Telephone:  773/6/8                                      |
| Lessee/DBA (If Applicable)  MAY 1 1 2009  | Owner (if different from Applicant) Name Address City, State & Zip  | Cost Of Work: \$ C of O Fee: \$(N)                              |
| Current legal use (i.e. single family)  If vacant, what was the previous use?  Proposed Specific use:  Is property part of a subdivision?  Project description:  Replace ing  and STAIRS SURFace  Contractor's name:  | If yes, please name   | <del></del>   |
| Address:  | <del></del>   | _   |
| City, State & Zip Who should we contact when the permit is rea Mailing address:   | ndy:  | •   |
| Please submit all of the information do so will result in the   | outlined on the applicable Chec<br>e automatic denial of your permi   |   |
| In order to be sure the City fully understands the may request additional information prior to the is this form and other applications visit the Inspecti Division office, room 315 City Hall or call 874-8703.   | ssuance of a permit. For further informati  | ion or to download copies of                                    |
| I hereby certify that I am the Owner of record of the rethat I have been authorized by the owner to make this laws of this jurisdiction. In addition, if a permit for wo authorized representative shall have the authority to erprovisions of the codes applicable to this permit. | application as his/her authorized agent. I ag   | ree to conform to all applicable rtify that the Code Official's |
| Signature: Lind m God   | Date: 5 /12/9   | >   |
| This is not a permit; you may   | ot commence ANY work until the po   | ermit is issue  |



| City of Portland, Maine - Buil  | ding or Use Permi        | t          |                      | Permit No:           | Date Applied For:      | CBL:                   |  |  |  |
|---|--------------------------|------------|----------------------|----------------------|------------------------|------------------------|--|--|--|
| 389 Congress Street, 04101 Tel: (2  | •                        |            | 4-8716               | 09-0441              | 05/11/2009             | 131 K005001            |  |  |  |
| Location of Construction:   | Owner Name:              |            | 0                    | wner Address:        |                        | Phone:                 |  |  |  |
| 121 CONCORD ST  | CODY DAVID M             |            | 1                    | 25 CONCORD S         | Γ                      | 207-773-1618           |  |  |  |
| Business Name:  | Contractor Name:         |            | C                    | ontractor Address:   | <del>-</del>           | Phone                  |  |  |  |
|   | Home Owner               |            |                      |                      |                        |                        |  |  |  |
| Lessee/Buyer's Name   | Phone:                   |            | P                    | ermit Type:          |                        |                        |  |  |  |
|   |                          |            |                      | Alterations - Dwel   | lings                  |                        |  |  |  |
| Proposed Use:   |                          | -          | Proposed             | Project Description: |                        |                        |  |  |  |
| Two Family Residential - Replacing E on front porch - All else is existing. | eck Surface, and Stair   | Surface    | Replaci<br>is existi | •                    | and Stair Surface on   | front porch - All else |  |  |  |
| •   | pproved with Conditior   | ns Re      | viewer:              | Ann Machado          | Approval Da            | processed.             |  |  |  |
| Note:   |                          |            |                      |                      |                        | Ok to Issue: 🗹         |  |  |  |
| 1) This permit is being issued with the                                     | e condition that all the | work wil   | l take pla           | ce within the exist  | ing footprint.         |                        |  |  |  |
| 2) This property shall remain a two fa approval.                            | amily dwelling. Any cha  | ange of u  | se shall r           | equire a separate p  | permit application for | review and             |  |  |  |
| 3) This permit is being approved on twork.                                  | he basis of plans submi  | itted. An  | y deviati            | ons shall require a  | separate approval be   | fore starting that     |  |  |  |
| Dept: Building Status: A  | pproved with Condition   | is Re      | viewer:              | Tom Markley          | Approval Da            | ite: 05/28/2009        |  |  |  |
| Note:   | •                        |            |                      | ·                    |                        | Ok to Issue: 🗹         |  |  |  |
| Application approval based upon and approval prior to work.                 | nformation provided by   | y applicai | nt. Any d            | eviation from appr   | coved plans requires   | separate review        |  |  |  |

everyThing is EXETTNIGH ON This page MININ HOUSE Replace ing deck SurFace and STAIRSURFace EXKMING (FJUNDATIJN) POST BAKE

SURDICT MEAS Shoc 15 EXISITING FUERY THING 2x6 Joist Handers Replaceing deck SurFace FYDONT POYCH (TOP VEIW) STAIR SURFACE STAIRS (EXISITING) 125 Z(70 91)9xZ) The deck FREMINS

| YEAR 19   | YEAR 19  |                        |            |                    |          |              |                     |                           | •    | 15.4.             | 0.                             | WNGR.                       | 12/54-2020-     | Repl. 1 steam |
|---|--|------------------------|------------|--------------------|----------|--------------|---------------------|---------------------------|------|-------------------|--------------------------------|-----------------------------|-----------------|---------------|
| f.  | (K)  |                        | _          |                    |          |              |                     |                           | _    | 2N4.              |                                | ACHNY                       | soiler & ins    | t. 1 98 cqu   |
| *   |  | -                      | 20000000 P | CONSTRU            |          | N .          | Wester District     | no (m. 21 Sa              | _    |                   |                                | 1111 2002                   |                 |               |
|   |  | FOUNDATI               | ON         | FLOOR C            | ONST.    | - -          | PLUM                |                           | -    |                   |                                |                             | # 30 F K F 30 F |               |
|   |  | CONCRETE               |            | WOOD JOIST         | -        |              | BATHROOM            | 2.                        |      |                   |                                | 7.7                         |                 |               |
|   |  | BRICK OR STONE         |            | MILL TYPE          |          |              | OILET ROOM          |                           |      | 9 8 (-            |                                |                             |                 |               |
|   |  | PIERS                  |            | REIN. CONCRE       | TE       |              | WATER CLOS          | -1                        | -[   |                   |                                |                             |                 |               |
|   |  | CELLAR AREA FL         | ILL V      | FLOOR F            |          |              | CITCHEN SIN         | к 2                       | -    |                   |                                |                             |                 |               |
| ,   |  | 1/4 1/2 3              | 4          |                    | 3 1 2    |              | TD. WAT. H          |                           |      |                   | 212 SC TOMORROOT SC TO 1 25 SE | Heat for the control of the |                 |               |
|   |  | NO. CELLAR             |            | CEMENT             | 1        |              | UTO. WAT.           | HEAT                      | _    |                   |                                |                             |                 |               |
|   |  | EXTERIOR W             | ALLS       | EARTH              |          | _            | LECT. WAT.          | SYST.                     | _    |                   |                                | 700 gr 1                    |                 |               |
|   |  | CLAPBOARDS             |            | PINE               | 11       | -            | AUNDRY TU           | BS                        | ∠ -  |                   |                                | COMPL                       | TATIONS         |               |
|   |  | WIDE SIDING            |            | HARDWOOD           | 1        | 1 -          | O PLUMBIN           | G                         | _ -  | UNIT              | 1051                           | 195                         |                 |               |
| * * *   | *  | DROP SIDING            |            | TERRAZZO           | ++-      | <u> </u>     | TIL                 | NC                        | - -  |                   | 1951                           |                             |                 | +             |
|   |  | NO SHEATHING           |            | TILE               |          |              | TIL<br>BATH FL. & 1 | 1.0                       | - 스  | 5628. F.          | 7590                           | 75                          | 10              |               |
|   |  | WOOD SHINGLES          |            |                    |          |              | OILET FL. 8         |                           | _    | S. F.             |                                |                             |                 |               |
|   |  | STUCCO ON FRA          |            | ATTIC FLR. & S     | TAIPS    | ∵∣∷          | LIGH                |                           |      |                   |                                |                             |                 |               |
|   |  | STUCCO ON TILE         |            | INTERIOR           |          | <u> </u>     | LECTRIC             |                           |      |                   | + 310                          | + 31                        |                 |               |
| -++++++++++++++++++++++++++++++++++++++   | ┼┼╁╂╂╂┩╂╂ <b>┼┼┼┼┼┼┼</b>   | BRICK VENEER           |            |                    | 3 1 2    |              | NO LIGHTING         |                           | 3    | 75/BAYS           | = 450                          | +45                         | 70.             |               |
|   |  | BRICK ON TILE          |            | PINE               | 111      |              | NO. OF              |                           | — В  | BASEMENT          |                                |                             |                 |               |
|   | <del></del>  | SOLID BRICK            |            | HARDWOOD           |          | -            | ST 7                | 2ND 7                     | - v  | WALLS             |                                |                             | i               |               |
|   |  | STONE VENEER           |            | PLASTER            | 141      | 1_ ∸         | occur               | BANCY                     | - R  | ROOF              |                                |                             |                 |               |
| · ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;   | <del>┤┩╏┩</del> ╬  | CONC. OR CIND.         | BL.        | UNFINISHED         | 1 1      | <u></u>      | INGLE FAMI          |                           | - -  |                   |                                |                             |                 | 1             |
|   |  |                        |            | METAL CLG.         | 1 1      | 1            | WO FAMILY           |                           | / .  | FLOORS            |                                |                             |                 |               |
| ┊┆╏┦╫╟╫╂╂┦╂╟╟┼┼┼┼┼  | ++++++   | TERRA COTTA            | —— ——      |                    |          |              | PARTMENT            |                           | _    |                   | 1 1/ 0                         |                             | _               |               |
|   |  | VITROLITE              |            | RECREAT. ROO       |          | s            | TORE                |                           |      |                   | +160                           | + 16                        | 0               |               |
| ·   | ┧╴┧╶┧ <b>╶╂</b> ╽╾┼╾┼╾┼╾┼ <del>╸┤╸┼╶┼╸┿╸</del> ┃                         | PLATE GLASS INSULATION |            | FINISHED ATTI      | С        | <u> </u>     | HEATRE              |                           |      | FINISH            |                                |                             |                 |               |
|   |  | WEATHERSTRIP           |            | FIREPLACE          |          | <u>-   -</u> | HOTEL               |                           |      |                   |                                |                             |                 |               |
| ▗▗▗▗▗▗<br>▗▗▗<br>▗▗<br>▗<br>▗<br>▗<br>▗<br>▗<br>▗<br>▗<br>▗<br>▗<br>▗<br>▗<br>▗ | ┧┤┼╫┼┼┼┼┼┼┼┼┼┼┼┼   | ROOFIN                 | G          | PIPELESS FURI      |          | 1 -          | OFFICES             |                           | FI   | REPLACE           |                                |                             | o               |               |
| 2/5/44  | 2  | ASPH. SHINGLES         |            | HOT AIR FURN       |          |              | WAREHOUSE           |                           | _ _  | HEATING           | + 160                          | 176                         | ŏ               |               |
|   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                    | WOOD SHINGLES          |            | FORCED AIR F       |          |              | OMM, GARA           |                           |      | ÷                 |                                |                             |                 |               |
|   | 2  | ASBES, SHINGLE         |            | RSYEA 4-55         | 2        | ~ -          | AS STATION          |                           | - F  | PLUMBING          | +400                           | + 40                        | 0               |               |
|   |  | SLATE TILE             |            | HOT WAT. OR        | VAPOR    | -            | ECONOMI             | C CLASS                   | _    | rILING            | ,                              |                             |                 |               |
|   |  | METAL                  |            | NO HEATING         |          |              | VER BUILT           |                           | N    | A F IAK           | +760                           | + 76                        |                 |               |
| 1   | <b>;</b> ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;                             | COMPOSITION            |            |                    |          |              | JNDER BUIL          |                           |      | TOTAL             | 9830                           | 0 1004                      |                 |               |
| 11111111111111111111111111111111111111  |  | ROLL ROOFING           | _          | OIL BURNER         | 4        |              | T.7-27-50           |                           |      |                   |                                |                             |                 | -             |
| <del>┊</del> ┆╸┆╸├ <del>╸╏╶┆</del> ╸┼ <del>╸╏╸╏╸┃</del> ╸╂╸┃╸╂                  | ╂╫┩ <b>╟</b> ╟╫┼╟╟╫╫╫  |                        |            |                    |          |              | -D. 170             | PD. B                     |      | FACT-             | 1059                           | 1 1 1                       |                 | 1000          |
|   |  | INSULATION             |            | STOKER             | 8        |              | MMAR                | <u>ск. `5° а</u><br>Ү О F |      | UILD              |                                | FCOA                        |                 | 11.00% 56.00  |
|   | ╂╌╂╌╂╌╂╏╏╌┼╌╏╌╏╌╂╌╂╼╂╼╂╼╂═╂  | OCC'Y                  |            | TYPE               | GR.      | AGE          |                     | COND.                     | REP. | 10.00             |                                |                             | SOUND VAL.      | TAX YAL       |
|   |  |                        | 1 7/5      | ED                 | 0        | 57           |                     | F                         | 100  | 590 10            |                                |                             | 41770           | 2850          |
|   | ·+·!-+·! <b>I</b> }·: - <del> </del> - - - - - - - - - - - - - - - - - - | GAR                    | B * 139    | 16 4 3 11          | 3-       |              | -                   | F                         |      | 50 39             | 20 3/                          | 0 - B                       | 3/0             | 175           |
|   |  |                        |            | 18120              |          | 20           |                     |                           | ,    |                   |                                |                             |                 | 175           |
| PCh 1   | <del>╃╇┿┩</del> ╿╿┞┞┼╁╁┼╁╁┼┼┼  |                        |            | 10×12              | C_       | -20          |                     | E                         | 18   | Con O I           | 29. 9                          | $\alpha$                    |                 |               |
| 2 1 60 12   |  |                        | D          |                    |          |              | -                   | -                         | 10 8 | 500 5             | 14 540                         | 11.80                       | 4860.           | 2125          |
| · · · · · · · · · · · · · · · · · · ·   | <del>?</del> +! •   •   •   +    +  +  +                                 |                        | E          |                    |          |              |                     |                           |      | —— <del> </del> — |                                |                             | <u> </u>        |               |
|   |  |                        | F          |                    |          |              |                     |                           |      |                   |                                | F                           | ļ               | 5-4-E         |
|   | ╫╫╫╫╫╫   |                        | G          |                    | <u> </u> | l            | <u> </u>            |                           |      |                   |                                | G                           | ·               |               |
|   |  | YEAR                   | 1951       | 55                 |          |              |                     |                           |      |                   | OTAL BLD                       | GS.                         | 5170            | 3075          |
| -1  | ┼┼┼┼┼┼┼┼┼┼┼┼   | TAX VAL.               |            | 55<br>3150<br>3015 |          |              |                     | TAX VALS.                 | 19,6 | 5/315             | 70                             | 1                           | 9               |               |
|   |  | OLD VAL.               |            | 7.7~               |          |              |                     | 1417                      | 19   |                   |                                | 1                           | 9               |               |