

DENTIFICATION Block Lot		Qualification Code	
Work Site Location	Con	tractor	
	Add	ress	
Owner in Fee			
Address	Tel.	()	
Tel. ()			
Is hereby granted permission to perform the	following work:		PAYMENTS (Office Use Only)
[] BUILDING [] PLUMBII	NG [] LEAD H	AZARD ABATEMENT	Building
[] ELECTRICAL [] FIRE PR	OTECTION [] DEMOL	ITION	Electrical
[] ELEVATOR DEVICES [] ASBEST	OS ABATEMENT [] OTHER		Plumbing
(Subchar	oter 8 only)		Fire Protection
DESCRIPTION OF WORK:		Elevator Devices	
			Other
			DCA State Permit Fee
			Cert. of Occupancy
NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.			Other
			Total
Estimated Cost of Work \$		Check No.	
			Cash
Construction Official	Date		Collected by

(see reverse side)