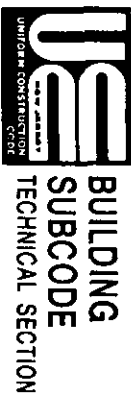


Brick

Permit Without a Jacket

Permit Number 15/2 - 93



Date Received
Date Issued
Control #
Permit #

7/8/93
1512-93

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 701.39 Lot 12
Work Site Location Back High School
Owner in Fee Backrup BOE
Address 101 Addison Ave
Tele. (708) 240-3433
Contractor LADMAN ROOFING
Address 600 Ave 1504
Tele. (312) 777-4667
Lic. No. or Bids. Reg. No. N/A
Federal Emp. No. 22-247-444 or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Failure	Approval	Dates (Month/Day)	Initial
☐ No Plans Req.									
☐ All									
☐ Footing									
☐ Foundation									
☐ Frame									
☐ Other									
Joint Plan Review Required:									
☐ Elec. ☐ Plumb. ☐ Fire									
SUBCODE APPROVAL									
☐ CO ☐ CCO ☐ CA									
Date:									
Approved By:									

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
Total Bldg. Area/All Floors _____ Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1+2) \$ _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature _____

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

RE ROOFING OF H.S.
SAR PLANS & SP RES

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☒ Roofing
- ☐ Siding
- ☐ Other _____
- ☐ Demolition
- ☐ Miscellaneous
- ☐ Fence _____ Height _____ Sq. Ft.
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Elevator
- ☐ Asbestos Abatement
- ☐ Other _____

(Office Use Only)
FEE
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Administrative Surcharge	Minimum Fee	TOTAL FEE
Paid ☐ Check # _____	\$ _____	\$ _____
Collected by: _____	\$ _____	\$ _____