Receipt R L. 34-13-2102-04 (B)

TENEMENT HOUSE DEPARTMENT

OF

THE CITY OF NEW YORK.

MANHATTAN OFFICE, No. 61 IRVING PLACE, S. W. Cor. 18th St. BRONX OFFICE, 2806-8 THIRD AVENUE, Near 148th St. BROOKLYN OFFICE, No. 44 COURT STREET, Cor. Joralemon St.

1265

PLAN No. SLIP ALT.

Bureau of Buildings by the Department.

.190 . FILED

.190

APPLICATION FOR SLIGHT ALTERATIONS AND REPAIRS.

APPLICATION is hereby made to the Tenement House Commissioner of The City of New York for the approval of the detailed statement of the specifications and plans herewith submitted for the alteration of the Tenement House herein described. The applicant agrees to comply with all provisions of law and ordinances in the alteration of said building, whether specified herein or not.

(Sign here) Mury/Clin

Applications must be filed in triplicate and such plans and sections in duplicate as may be required to clearly indicate the proposed alteration. After approval by the Tenement House Department one set of drawings and a certificate of approval will be at once forwarded to the

All amendments to plans and applications must be made on a separate blank provided for that purpose, and where changes materially affecting the original application are proposed, separate drawings showing such changes must be filed.

	Borough of Munkattan Date Date 15 1905
1.	No. of tenement houses to be altered (10
2.	Location Afrique
	Wo 7 1
3.	Owner Clary tilly Address of the
	The Hole: 10 5 = 11
4.	Architect Alley Ollen Address 19 6.5 FT
	/ / u
5.	Estimated cost of alterations or repairs Or
	21."
6.	Size of each lot? front; deep.
7.	Size of each building? front; 50.0 deep.
	61
8.	Material of building?
	F. 7
9.	Is the building that is to be altered on the front or rear of the lot?
10.	How occupied at present? Ham, & I Une No. of families? Ham
	Basement — 1st Fl. — 2d Fl. — 3d Fl. — 4th Fl.
	5th Fl. 6th Fl.
	Wha +11.
11.	How occupied after alterations are completed? Them. + / Hue
	A. U.
12.	Is there a basement? Is there a cellar?
	Fa. I
13.	Number of stories above cellar or basement? Tour

No alterations or repairs except the following are proposed to be made to the said teneme
house: Nopose to Penine School but femiliero
also all masoresy of vault thereof disenfect lite
and fill in with blech lasth set on lash flow water
Closets mid state flow where sand days 10.
Let in Lastition new wind own Oliverally, irm
Mility on 1 12 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The to the Conference of the place of the state of the st
It Centam To Sq. fl. glan Surface. All as Thorn
₹
Signature of Applicant Clery Clen
19 6 3/1
Address
State and City of New York, ss.:
County of Many Klein
being duly sworn, deposes and says that no alterations or repairs except those above set for
will be made to the tenement house herein described, and that all provisions of law applica
thereto will be complied with in the alteration or repair of the said tenement house, whethere
specified herein or not.
15 1
Sworn to before me this
day of Class 1905 Muyllen
1951

REPORT ON EXAMINATION

of

1265

			1
	THE CITY	of New York, Jun	lf / 190 ¢
To the Tenement House C	ommissioner of The City	of New York,	
Sir:			
	I respectfully report	that I have carefully ex-	amined the accompanying
drawings and this applies	ation, and find that the	Alterations therein propo	osed conform to the pro-
visions of the Tenement H	louse Act relative thereto	0.	
Glumbing		A.	V. Bourke
	FINAL :	REPORT.	
38.		- 4	
	THE CITY	OF NEW YORK,	190 .
To the Tenement House C	commissioner of The City	of New York,	*
SIR:			
	I respectfully repor	rt that work was begun	on the above-described
premises on the	day of	190	and completed on the
			id alteration conforms in
all respects to the condi	nons of the above berm	it and to the provisions	of the Tenement House
Act relative thereto.	£ =		
${f R}$	espectfully submitted,		
			Inspector.
			257.4.4.4
			District.
			111

Form 121-'04.

Tenement House Department

O.F

THE CITY OF NEW YORK,

Borough of ANTA ANTA A

ALT. SLIP No. 1265

for SLIGHT ALTERATIONS to

Premises 24 Inc. C

Owner Leng Link

Address Huse. C

Architect Cenyllen

Address /// E. 3

THE CITY OF NEW YORK.

Borough of A The American American

JUL 111005 19

This is to certify that the within detailed statement of specifications, and a copy of the plans relating thereto, have been submitted to the Tenement House Department and are hereby approved.

Tenement House Commissioner.

Per John U Kee

APPLICANT'S ACTION.

DEPARTMENTAL ACTION.

O.B.V. 58370/

Drawings filed

Diagram

Authorization of Owner

Office of the Borough President of the Borough of Manhattan,

In The City of New York.

THE BUREAU OF BUILDINGS FOR THE BOROUGH OF MANHATTAN,
Office, No. 220 FOURTH AVENUE,
S. W. Corner 18th Street.

Plan No. 196:

APPLICATION TO ALTER, REPAIR, ETC.

Application is hereby made to the Superintendent of Buildings of The City of New York for the Borough of Manhattan for the approval of the detailed statement of the specifications and plans herewith submitted for the alteration or repair of the building herein described. All provisions of the law shall be complied with in the alteration or repair of said building, whether specified herein or not.

(Sign here) Hereing CC...
THE CITY OF NEW YORK, July 20 BOROUGH OF MANHATTAN, LOCATION AND DESCRIPTION OF PRESENT BUILDING. 1. State how many buildings to be altered Cone 2. What is the exact location thereof ? (State on what street or avenue; the side thereof, the number of feet from the nearest street or avenue, and the name thereof)..... 100 ft. Smil of 3 mg 8. How was the building occupied! How is the building to be occupied? Is there any other building erected on lot or 4. Is the building on front or rear of lot? permit granted for one? ; height __ occupied?..... Give distance between same and proposed building... feet. 5. Size of lot! 25.0 feet front; 25.0 feet rear; 93. c feet deep. Size of building which it is proposed to alter or repair? 21.0 feet front; 21.0 feet rear; feet deep. Number of stories in height? Height from curb level to highest point : Hoff. 7. Depth of foundation walls below curb level? Material of foundation walls! Thickness of foundation walls! front 20 inches; rear A inches; side Fo inches; party inches. It ashlar, give kind and thickness Material of upper walls ? 9. Thickness of upper walls: Basement: front 30 inches; rear 30 inches; side 30 inches; party inches

58.	Dimensions of water-closet windows?						
	Dimensions of windows for living rooms?						
59.	Of what materials will hall partitions be constructed?						
60.	V						
61.	How will hall ceilings and soilits of stairs be plastered!						
62.	Give sizes of stair well holes?						
co							
63.	stories high ; how occupied ; on front or rear						
	of lot; material						
	How much space between it and proposed building i						
64.	How will floors and sides of water closets to the height of 16 inches be made waterproof ?						
65.	A						
	3d floor; 4th floor; 5th floor; 6th floor						
66.	This building will safely sustain per superficial foot upon the first floor lbs.; upon 2d floor						
	lbs.; upon 3d floor lbs.; upon 4th floor lbs.; upon 5th floor						
	lbs.; upon 6th floor						
	lbs.						
Own	ner, Menny Luty Address, 24 Acci.						
	bitect, Hung Klei 191 E. 3 St						
Are	biteot, " " " " " " " " " " " " " " " " " " "						
Sup	erintendent, " " "						
Mas	on,						
Car	penter,						

DEPARTMENT OF HOUSING AND BUILDINGS

BOROUGH OF CHENNELTEN

, CITY OF NEW YORK

MANHATTAN Municipal Bldg., Manhattan

Cost \$ 100.00

BROOKLYN

Municipal Bldg.,

Brooklyn

Grand Concourse & E. 161st St.

QUEENS 120-55 Queens Bivd., Kew Gardens RICHMOND Boro Hall, St. George, S. I.

NOTICE—This Application must be TYPEWRITTEN and filed in TRIPLICATE

999 Reide

BUILDING NOTICE

APPLICATION FOR MINOR STRUCTURES, MINOR ALTERATIONS AND REPAIRS, ELEVATOR REPAIRS, DROP CURB, FIRE ESCAPES, MISCELLANEOUS Block 372 Lot APPLICATION No. LOCATION 24 Avenue 0 (Give Street Number) FEES REQUIRED FOR..... Height..... Area..... DISTRICT (under building zone resolution) Use. STATE AND CITY OF NEW YORK, COUNTY OF N.Y. Abraham Fisher (Typewrite Name of Applicant) West 40th Street sworn deposes and says: That he resides at. sions of the Building Code and all laws and regulations applicable to the erection or alteration of said structure in effect at this date; that the work to be done is duly authorized by the owner. Deponent further says that the full names and residences of the owners or lessees of said Address 24 Avenue C. N.Y.C. Owner Fay-Wein Realty Corp. Becky Weinstein, Sec. Louis Weinstein, Pres. 24 Avenue C. N.Y.C. Address 24 Avenue C. N.Y.C. Lessee Jacob Fass & Son Inc. Abe Fass, Pres. Harry Weinstein, Sec. 24 Avenue C. N.Y.C. Sworn to before me this REG. NO. 4000 Applicant If Licensed Archit Notary Public 🕏 Engineer, affix sea COMPENSATION INSURANCE has been secured in accordance with the requirements State proposed work in detail: erect new non bearings bud, lathed and plastered partition for water closet compartment and cut new window in non bearing brick wall as shown on first floor plan. Is this a new or old building? . old. If old building, give character of construction brick non-fire proof Number of stories high..... How occupied Store and Multiple Dwelling Class A Tenement

DEPARTMENT OF HOUSING AND BUILDINGS

BOROUGH OF

Manha ttan

, CITY OF NEW YORK

MANHATTAN Municipal Bldg., Manhattan BROOKLYN BRONX
Municipal Dig Jr. Manilla Avenue,
Brooklyn Jr. MANILLA TYM

QUEENS 120-55 Queens Blvd., Kew Gardens, L. I. RICHMOND Boro Hall, St. George, S. I.

NOTICE—This Application must be TYPEWRITTEN

AUTHORIZATION OF OWNER—MULTIPLE DWELLING

PERMIT No.	<u></u>	19	BLOCK 372 L	OT 6
Je in	APPLICATION	909		
N.B.—Alt.	د.			
LOCATION .	24 Avenue C		······································	
***************************************	Louis W	einstein	states that	t he resides
at 24	Avenue C	·	Borough of Manhattan	
City of	N.Y. State	e of N.Y.	; that he is pres. of Pa	y Corp. y-Wein Owner
of all that cert	ain piece or lot of land s	ituated in the Borous	gh of	in the City of
New York, and	l located on theE	astside of	Avenue C	and known as
No. 24	on said street; that th	ne multiple dwelling p	roposed to be altered	
			e annexed specifications and pla	
			dings; that the work will be supe	
-	_		struction who has had ten years' e	•
ing huilding cor	estruction and that	Abrahan	Fisher	
0				
			is duly	authorized by said
			cation in said owner's behalf for t	he approval of such
-	nd plans in compliance wi			
		ly when the person ex	xecuting this authorization is not	the sole owner of
the premises de		1 11		6.4
	-		street and number, of the owner	
· ·			premises and projected multiple	•
	_		e Multiple Dwelling Law, are as	iollows:
	alty CorpCwner tionship to premises	No. 24	Avenue C N.T.C. Address	I
		No		
Louis Weins	tein-Pres		Defense - Mener Grand State (State Andrews House State Andrews Contributed State (State Contributed State Contributed St	
	tionship to premises		Address	
Name and Rela	tionship to premises		Address	-
Name and Rela			Address	1 -
Becky Weins	tionship to premises		Address	for Bro

~~~~

# CITY OF NEW YORK DEPARTMENT OF HOUSING AND BUILDINGS

MANHATTAN Municipal Bldg., New York 7 BROOKLYN Municipal Bldg., Brooklyn 2 BRONX 1932 Arthur Avenue Bronx 57 OF QUEENS YORK 120-55 Queens Blvd., RK Kew Gardens 24 Line 1774A

RICHMOND Boro Hall, St. George 1, S. I.

## AUTHORIZATION OF OWNER—MULTIPLE DWELLING

| NOTICE—This Application must be TYPEWRITTEN                                                                            |
|------------------------------------------------------------------------------------------------------------------------|
| A /# APPLICATION 13.92 LOT 6                                                                                           |
|                                                                                                                        |
| LOCATION 24 Avenue "C" ES 1001-0" N of E. 2nd St., Manhattan  House Number Street Distance from Nearest Corner Borough |
| Rose Joseph S states that She resides                                                                                  |
| at 6 Avenue C Borough of Manhattan                                                                                     |
| City of New York State of New York ; that He is React Owner                                                            |
| of all that certain piece or lot of land situated in the Borough of Manhattan in the City of                           |
| New York, and located on the East side of Avenue "C" and known as                                                      |
| No. 24 on said street; that the said multiple dwelling will be altered or constructed in accord-                       |
| ance with the annexed specifications and plans submitted herewith for the approval of the Department of Housing        |
| and Buildings; that the work will be supervised by Licensed Architect, Professional Engineer or a Superintendent       |
| of Construction who has had ten years' experience supervising building construction; and that                          |
| ARNOLD W. LEDFRER is duly authorized by said                                                                           |
|                                                                                                                        |
| Rose Joseph owner to make application in said owner's behalf for the approval of                                       |
| such specifications and plans in compliance with Chapter 713 of the Laws of 1929 Zoning Resolution, Administra-        |
| tive Code and other Laws, Rules and Regulations applicable to the Construction and Use of Multiple Dwellings.          |
| He further says that the full names and residences, street and number, of the owner or owners of the                   |
| said land, and of every person having an interest in said premises and projected multiple dwelling either as           |
| owner, lessee, or otherwise, as required by Section 300 of the Multiple Dwelling Law, are as follows: (If a corpora-   |
| tion, give full name and address of at least two officers.)                                                            |
| Rose Joseph No. 6 Avenue C. New York  Name and Relationship to premises Address                                        |
|                                                                                                                        |
| Name and Relationship to premises  No                                                                                  |
| Name and Relationship to premises  Address                                                                             |
| Signature of Owner                                                                                                     |

## CITY OF NEW YORK

# DEPARTMENT OF HOUSING AND BUILDINGS

MANHATTAN Municipal Bldg., New York 7 BROOKLYN Municipal Bldg., Brooklyn 2 BRONX 1932 Arthur Avenue Bronx 57

QUEENS 120-55 Queens Blvd., Kew Gardeins 24, L. I. RICHMOND Boro Hall, St. George 1, S. I.

## AFFIDAVIT

NOTICE-This Affidavit must be TYPEWRITTEN and filed in QUADRUPLICATE, and one

| copy sworn to by Applicant. If Elevator or Plumbing Applications are filed herewith, one affidavit is sufficient for all.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| APPLICATION No. 19574 BLOCK 372 LOT 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| LOCATION 24 Avenue C ES 100'-0" N of E. 2nd St. Manhattan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| House Number Street Distance from Nearest Corner Borough To the Borough Superintendent:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Application is hereby made for approval of the plans and specifications herewith submitted and to be made a part hereof for the structure herein described, with the understanding that:  If this application shall be disapproved in part and if no further action is taken thereon within one year after notice of partial disapproval, it shall be automatically withdrawn.  Any permit issued under which no work is commenced within one year from the time of issuance shall expire by limitation. (Adm. Code C26-177.0.)  Work will be supervised by Licensed Architect, Professional Engineer or by a Superintendent of Construction who has had ten years' experience supervising building construction and who has been properly qualified. (Adm. Code C26.187.0.)  Work under this approval will not be commenced until a permit has been obtained, application for which will be filed with the Borough Superintendent, accompanied by satisfactory evidence that compensation insurance has been obtained in accordance with the provisions of the Workmen's Compensation Law. (Adm. Code C26-161.0.) |
| Examined and Recommended 10/15/, 1954 Leave Wesselluft When Examiner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| APPROVED 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| STATE OF NEW YORK COUNTY OF KINGS  ARNOLD W. LEDERER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (Typewrite Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| being duly sworn, deposes and says: That he resides at 66 Court St.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| in the Borough of Brooklyn; in the City of New York;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| in the State of New York; that he is making this application for the approval of plans and (Architectural, Structural, Mechanical, Etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| specifications herewith submitted and made part hereof.  Deponent further says that he has personally supervised the preparation of such                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| (Architectural, Structural, Mechanical, Etc.) the best of his knowledge and belief, the work will be carried out in compliance therewith, and the structure, if built in accordance with such plans, will conform with all applicable provisions of the charter, the administrative code, the multiple dwelling law, the labor law, the general city law, the zoning resolution, the rules of the board and all other laws governing building construction, except as specifically noted otherwise.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Deponent further says that he is duly authorized by Rose Josephs (Name of Owner)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| who is the owner in fee of all that certain lot, piece or parcel of land, shown on the diagram annexed hereto and made a part hereof, to make application for the approval of such detailed statements of specifications and plans, elevator or plumbing work (if any) and amendments thereto, in the said owner's behalf.  Deponent further says that the full names and residences, street and number, of the owner or owners of the said land, and also of every person interested in said building or proposed structure, are as follows:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Owner's name Rose Josephs Address Bus. 6 Avenue C Manhattan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| (If a corporation, give full name and address of at least two officers.)  Home Add: 141 E. 19 St., Bklyn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Tolly news 212 De 20 5005 Dazya                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| LesseeAddress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Architect ARNOLD W. LEDERER Address 66 Court St., Bklyn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Engineer Address Superintendent Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

#### CITY OF NEW YORK

## DEPARTMENT OF HOUSING AND BUILDINGS **BOROUGH OF**

, CITY OF NEW YORK

MANHATTAN Municipal Bldg., New York 7

BROOKLYN Municipal Bldg, Brooklyn 1

**BRONX** 1932 Arthur Av New York 57 QUEENS 120-55 Queens Blvd., Kew Gardens 24, L., I.

**RICHMOND** Boro Hall, St. George 1, S. I.

NOTICE—This application must be TYPEWRITTEN and filed in TRIPLICATE, and TWO copies sworn to by Applicant. A separate application must be filed for each sign, and the application can be amended. All plans required must be filed on tracing linen or cloth, not exceeding 8½ x 14 inches. No work is to be commenced under this approval until a permit is obtained from the Department of Housing and Buildings. A Processing fee of \$5.00 shall be paid before this application is accepted for filing. 20

# ELECTRIC SIGN

| 100                                                                                                                                                                                                 | ELEC"                                                                                       | TRI                                                | CSI                                                   | GN                                                   | S.O.                         | AND "                            | av .                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------|------------------------------------------------------|------------------------------|----------------------------------|------------------------------------------------|
| Application No.                                                                                                                                                                                     | 145                                                                                         | 19 55                                              | BLOCK                                                 | 372                                                  |                              | ••••••                           |                                                |
| Permit No.                                                                                                                                                                                          |                                                                                             | <b>19</b> 55                                       | LOT                                                   | 6                                                    | )<br>                        |                                  |                                                |
| Permit No.                                                                                                                                                                                          | renne C. Hee                                                                                | -<br>th 2130                                       | 86 🍎                                                  | of Enst                                              | êrá                          | St.                              |                                                |
| USE DISTRICT (under build                                                                                                                                                                           |                                                                                             |                                                    |                                                       |                                                      |                              |                                  |                                                |
| I have this day approved the prapproval shall not apply to any specified and described in this as six months from this date if a Buildings within that period. The square feet of space on one side | sign which varie<br>pplication, and with<br>permit for the sine annual fee show<br>of sign. | s in any im th the furthe aid sign is ald be compo | portant parties proviso the not procure ated on the l | cular what<br>at this cert<br>d from the<br>pasis of | soever<br>ificate o<br>Depar | from the post approval timent of | oroposed sign<br>I shall expire<br>Housing and |
| EXAMINED AND RECOMMENDED                                                                                                                                                                            | 3/141                                                                                       | 0.17                                               | · HR                                                  | rely                                                 | ,                            |                                  | ice                                            |
| Examined and Recommender for Approval on  APPROVED                                                                                                                                                  | 1953<br>19                                                                                  |                                                    | -3, /                                                 |                                                      |                              |                                  |                                                |
| CAUTION: THIS IS A PERMIT AFTER INSPECTION                                                                                                                                                          | TO PROCEED V<br>N A PERMIT TO                                                               | VITH THE<br>MAINTAIN                               | WORK.<br>SIGN MUST                                    | BE SECU                                              |                              |                                  | erintendent                                    |
| COMPENSATION INSU<br>Compensation Law as follows:<br>State Fi                                                                                                                                       |                                                                                             |                                                    |                                                       |                                                      | equiren                      | nents of the                     | e Workmen's                                    |
| Haiat Damit No. 982                                                                                                                                                                                 |                                                                                             |                                                    | D.                                                    | TI-Ne                                                | ed-A                         | St an i                          | densing C                                      |
| Hoist Permit No 382  Manufacturer of Sign Alko ii.                                                                                                                                                  | fg.Corp.                                                                                    |                                                    | Kig<br>We                                             | ger                                                  |                              | 200 1                            | danging C                                      |
| To the Borough Superinten                                                                                                                                                                           |                                                                                             |                                                    | 110.                                                  | Sat of Digi                                          |                              |                                  |                                                |
| Application is hereby made<br>York, for approval of electric si<br>NUMBER 24 Avenue                                                                                                                 | ign which is to be                                                                          | erected an                                         | d maintained                                          | on premis                                            | es knov                      | vn as                            |                                                |
| in accordance with all the requirelating thereto.                                                                                                                                                   |                                                                                             |                                                    |                                                       |                                                      |                              |                                  |                                                |
| DIMENSIONS of Sign:                                                                                                                                                                                 | £ feet 0                                                                                    | incl                                               | es high, by                                           | 14                                                   | feet                         | 0                                | inches long.                                   |
| Describe POSITION of Sign vertex building wall, right angle, Vertex Parallel to wall is                                                                                                             | with respect to bu<br>shaped, parallel to                                                   | ilding (givi<br>vertical lin                       | ng exact loca                                         | ation on wa                                          |                              |                                  |                                                |
|                                                                                                                                                                                                     |                                                                                             |                                                    |                                                       |                                                      |                              |                                  |                                                |
| Will Sign when hung PROJEC or parapet wall)?                                                                                                                                                        | **                                                                                          | feet above                                         | the cornice,                                          | parapet wa                                           | ıll, or r                    | oof level (                      | if no cornice                                  |
| "Yes" or PROJECTION beyond the bui                                                                                                                                                                  |                                                                                             |                                                    | 1                                                     |                                                      | feet                         | 0                                | inches.                                        |
| MATERIAL of construction                                                                                                                                                                            | Metal                                                                                       |                                                    |                                                       |                                                      |                              |                                  |                                                |
| HEIGHT of sign (above level of si                                                                                                                                                                   | idewalk beneath such sig                                                                    | n when hung)                                       | 10                                                    | feet (                                               | )                            | inches                           | in the clear.                                  |
| ESTIMATED COST of Sign                                                                                                                                                                              | \$300 <b>,0</b> 0                                                                           |                                                    |                                                       |                                                      |                              | es to V                          | 10/13-                                         |
| TENANT of Portion of Building on which electric sign is to be erected                                                                                                                               | Name Je                                                                                     | ere Jos                                            | ephs 17                                               | proc                                                 | C. Air                       |                                  | 3 55 74                                        |
| Location of ADJOINING Properties Used Exclusively as Private Residences (if any)  Num                                                                                                               | nber Ron                                                                                    | JHIS IS<br>AFTER IT<br>NUST E                      | Sie 17                                                | V                                                    |                              |                                  |                                                |
| Is this sign existing on structur<br>If yes, owner must give date of                                                                                                                                | ie at mile of mis                                                                           | mmg: (                                             | (Yes or No)                                           |                                                      |                              |                                  |                                                |

## AUTHORIZATION OF OWNER

| To erect an electric sign Parallel to will  I agree to remove sign if tenant vacates premises and does not remove sign.  Witness Signature of Owner Rose Jorepha  State of New York, City of New York, County of New York, in the Borough of Brooklyn in the City of New York, in the County of Sings is to be the owner and licensee of the proposed electric sign and (If the applicant is not) that the undersigned has been duly authorized to make this application in his behalf; that all the statements and representations herein made are true; (In case the applicant is not the) Rose Josepha who is the Owner of least of entire building that he has obtained consent and authority from Own Own of Laser  Name  property, to erect and maintain structurally safe an electric sign as described in this application; and that the necessary consent of the owners of all adjoining properties occupied exclusively as private residences, as required by the ordinance, is appended hereto.  (Sign Here)  Application must be signed (with FULL NAME) by owner of proposed electric sign for authorized agent  AULINGRIZED SCAT  If a Corporation, masse and title of officer signing  Skeptch of Sign  Approved by DEPARTMENT OF WATER SUPPL' GAS AND ELECTRICITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Permission is hereby granted to Jesse Josephs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I agree to remove sign if tenant vacates premises and does not remove sign.  Witness.  Signature of Owner Rose Josepha  State of New York, City of New York, City of New York, being duly sworn, deposes and says: That he resides at Number 63 Sectivic Set.  in the Borough of Brooklyn in the City of New York, in the County of Kings  is to be the owner and licensee of the proposed electric sign and (if the subject to sign is to be the owner and licensee of the proposed electric sign and (if the subject to sign of the statements and representations herein made are true; (some be subject to enter booking)  The County of New York  New York  I see of the proposed electric sign and (if the subject to sign of this entire Owner of Lore of the subject to the owner of the subject to the owner of the subject to the owner of the | Tenant of my premises at. 24 Avenue C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Winess  Signature of Owner.  CITY OF NEW YORK, COUNTY OF NEW YORK, In the Borough of Prooklya in the City of New York, in the County of New York, in the Borough of Prooklya that the support that he undersigned has been duly authorized to make this application in his behalf; that all the statements and representations herein made are true; (In acce, the support of new York, New York, In the County of New York, In the County of New York of New York, In the County of | To erect an electric sign Parallel to wall                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| STATE OF NEW YORK, CTY OF NEW YORK, CTY OF NEW YORK, COUNTY OF NEW YORK, In the County of in the City of in the City of in the State of No York, in the County of in the State of No York, in the County of X11127 is to be the owner and licensee of the proposed electric sign and ("" the spignar is not heart of | I agree to remove sign if tenant vacates premises and does not remove sign.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Set Thomas of Application  Typewrite Name of Application on the Exame of Application on the Application on the Application on the Application of Application on the Application of the Application on the Application on the Application on the Ap | Witness Signature of Owner Rose Josepha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| in the County of Sings  in the State of N.Y., in the County of Sings  in the State of N.Y., that See Josephs  is to be the owner and licensee of the proposed electric sign and (If the austination is not) that the undersigned has been duly authorized to make this application in his behalf; that all the statements and representations herein made are true; (Inc. core, the application in his behalf; that all the statements and representations herein made are true; (Inc. core, the application in his behalf; that all the statements and representations herein made are true; (Inc. core, the application who is the ONTH ONTH ONTH ONTH ONTH ONTH ONTH ONTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CITY OF NEW YORK, SS.: Thomas J.J. Critings  Typewrite Name of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| in the City of No. You in the County of in the State of No. You in the Undersigned has been duly authorized to make this application in his behalf; that all the statements and representations herein made are true; (fin. case the applicant to one in the No. You in the Undersigned has been duly authorized or the No. You in the Statements and representations herein made are true; (fin. case the application in this behalf; that all the statements and representations herein made are true; (fin. case the application in this polication; and that the necessary consent of the owners of all adjoining properties occupied exclusively as private residences, as required by the ordinance, is appended hereto.  (Sign Here)  Application must be eigened (with FULL NAMD, by owner of properties described in this application; and that the necessary consent of the owners of all Application, and the statements and representations with sign of the necessary consent of the owners and this of officer significant and the statements and representations with sign of above work in accordance with signored application.)  Approved by DEPARTMENT OF WATER SUPPL GAS AND ELECTRICITY  Work commenced  (Nortice to Durrance Interactors—The following report must be made, and filed immediately upon completion)  (Nortice to Durrance Interactors—The following report must be made, and filed immediately upon completion)  (Nortice to Durrance Interactors—The following report must be made, and filed immediately application; and that this sign is safe. (If otherwise, Impressor will report violation)  Inspector C. A. M. D. You are the statements and the statements and the  | being duly sworn, deposes and says: That he resides at Number 53 Sedgylck St.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| in the State of No. Yo, that  is to be the owner and licensee of the proposed electric sign and (III the applicant is not been duly authorized to make this application in his behalf; that all the statements and representations herein made are true; (In case the applicant is not in his behalf; that all the statements and representations herein made are true; (In case the applicant is not in his behalf; that all the statements and representations herein made are true; (In case the applicant is not in his behalf; that all the statements and representations herein made are true; (In case the applicant is not in his behalf; that all the statements and representations herein made are true; (In case the applicant is not in his behalf; that all the statements and representations herein made are true; (In case the applicant is not in his behalf; that all the statements and representations herein made are true; (In case the applicant is not in his entire Notice).  Note: Ostate of this entire of this entire of the owners of all adjoining properties occupied exclusively as private residences, as required by the ordinance, is appended hereto.  (Sign Here)  Application must be signed (with FULL NAME) by owner of proposed electric sign of anthorized agent AUTIENT AUTIENT ACAST  By. Application must be signed (with FULL NAME) by owner of proposed electric sign of anthorized agent AUTIENT AUTIENT ACAST  If a Corporation, name and title of officer signing  Sketch of Sign  Approved by DEPARTMENT OF WATER SUPPL GAS AND ELECTRICITY  Work commenced  (Norme to Durance Insurances—The following report must be made and find insuration) or application of above work in accordance with approved application of above work in accordance with approved application, and that this sign is safe. (If otherwise, Inspector will report violation)  Inspector C 4 M District  Processing fee payment—Amount \$. Receipt No.  Receipt No.  Receipt No.                                                                                                               | in the Borough of Brooklyn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| is to be the owner and licensee of the proposed electric sign and (11 the applicant is most) that the undersigned has been duly authorized to make this application in his behalf; that all the statements and representations herein made are true; (*Greece the applicant is most his property in the property of the content of the owners of lease of entire bahding) that he has obtained consent and authority from CNTOT ONTOT ONTOT ONTOT ONTOT ONTOT ONTO ONTO ONTOT ONTO |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| is to be the owner and licensee of the proposed electric sign and (1st the applicant is not) that the undersigned has been duly authorized to make this application in his behalf; that all the statements and representations herein made are true; (*Greece the supplicant is not than the mode are true; (*Greece the special castle building)* that he has obtained consent and authority from Forse Jo-Serba Name  Property, to erect and maintain structurally safe an electric sign as described in this application; and that the necessary consent of the owners of all adjoining properties occupied exclusively as private residences, as required by the ordinance, is appended hereto.  (Sign Here)  Application was be speed (with FULL NAME) by owner of subsected destric sign & authorized agent  APPLICANT  By  Approved by  SECTION ASSETT  If a Corporation, names and title of officer signing  Secorn to before me, this  day of 19  SECTION APPLICANT  Approved by  DEPARTMENT OF WATER SUPPLICANT OF WATER SUPPLICANT OF WATER SUPPLICANT OF WATER SUPPLICANT OF SIGN  (Notice to Director Lessections—The following report must be made and filed immediately upon completion)  (Notice to Director Lessections—The following report must be made and filed immediately upon completion)  (Notice to Director Lessections—The following report must be made and filed immediately upon completion)  TO THE BOROUGH SUPERINTENDENT:  On                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | in the State of N.Y., that the state of the |
| herein made are true; (In case the projugant is not the property to the training of the series of entire building) that he has obtained consent and authority from Rose Josepha who is the.  Name who is the Owner a Lesse of this entire property, to erect and maintain structurally safe an electric sign as described in this application; and that the necessary consent of the owners of all adjoining properties occupied exclusively as private residences, as required by the ordinance, is appended hereto.  (Sign Here)  Application must be signed (with FULL NANC) by owner of proposed desirts sign of authorized agent  APPLICANT  By  If a Corporation, name and title of officer signing  Sworn to before me, this  day of 19  Sketch of Sign  Lot of R S 270 n  Approved by  DEPARTMENT OF WATER SUPPL  GAS AND ELECTRICITY  Work commenced  (Norma to Director Insurcross—The following report must be made and filed immediately upon completion) of above work in accordance with appeared outside appeared outside and the Electric Sign herein described, and respectfully report that the said sign has been built and erected at the above location as specified in this application, and that this sign is safe. (If otherwise, Inspector will report violation)  Inspector  Receipt No.  Receipt No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | is to be the owner and licensee of the proposed electric sign and (If the applicant is not ) that the undersigned h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Rose Jose ham who is the Owner or Lessee Of this entire Name or Conserver Lessee of the content of the owners of all adjoining properties occupied exclusively as private residences, as required by the ordinance, is appended hereto.  (Sign Here)  Application must be signed (with FULL NAME) by owner of proposed electric sign of authorized agent APPLICANT  By APPLICANT  H a Corporation, name and title of officer signing  Swern to before me, this Approved by DEPARTMENT OF WATER SUPPL  GAS AND ELECTRICITY  Work commenced  (Notice we Durrier Interactors—The following report must be made and filed immediately upon completion) of above work in accordance with approved application.  To the Borough Superintendent:  On Application has been built and erected at the above location as specified in this application, and that this sign is safe. (If otherwise, Inspector will report violation)  Inspector C 4 M District  Processing fee payment—Amount \$ Receipt No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | been duly authorized to make this application in his behalf; that all the statements and representation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Sary consent of the owners of all adjoining properties occupied exclusively as private residences, as required by the ordinance, is appended hereto.  (Sign Here)  Application must be signed (with FULL NAME) by owner of proposed electric sign of authorized agent  By  APPLICANT  By  APPLICANT  If a Corporation, name and title of efficer signing  Sworn to before me, this.  day of  SKETCH OF SIGN  Approved by  DEPARTMENT OF WATER SUPPL  GAS AND ELECTRICITY  Work commenced  (Nortex to Durrater Interactions—The following report must be made and filed immediately upon completion) of above work in accordance with approved application.  To the Borough Superintendent:  On.  22 1955, I examined the Electric Sign herein described, and respectfully report that the said sign has been built and erected at the above location as specified in this application, and that this sign is safe. (If otherwise, Inspector will report violation)  Inspector  C M District  Processing fee payment—Amount \$  Receipt No.  Receipt No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Rose Josepha who is the of this enti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| By RETCH OF SIGN  Sworn to before me, this day of 19  SKETCH OF SIGN  Approved by DEPARTMENT OF WATER SUPPLE GAS AND ELECTRICITY  Work commenced (Notice to Difference of above work in accordance with approved supplication)  To the Borough Superintendent:  On 12 2 19 5, I examined the Electric Sign herein described, and respectfully report that the said sign has been built and erected at the above location as specified in this application, and that this sign is safe. (If otherwise, Impector will report violation)  (Signed) (Signed) Inspector (Amount \$ 1965)  Receipt No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | sary consent of the owners of all adjoining properties occupied exclusively as private residences, as required 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Work commenced  (Notice to District Instructions—The following report must be made and filed immediately upon completion) of above work in accordance with approved application)  To the Borough Superintendent:  On.  22 1955, I examined the Electric Sign herein described, and respectfully report that the said sign has been built and erected at the above location as specified in this application, and that this sign is safe. (If otherwise, Inspector will report violation)  (Signed)  (Signed)  Inspector  Receipt No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ByAUTHORIZED AGAIT  If a Corporation, name and title of officer signing  Sworn to before me, this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Work commenced  (Notice to District Instructions—The following report must be made and filed immediately upon completion) of above work in accordance with approved application)  To the Borough Superintendent:  On. 122 1955, I examined the Electric Sign herein described, and respectfully report that the said sign has been built and erected at the above location as specified in this application, and that this sign is safe. (If otherwise, Inspector will report violation)  (Signed)  (Signed)  Inspector © 4 M District  Processing fee payment—Amount \$ Receipt No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sketch of Sign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Work commenced  (Norice to District Instructions—The following report must be made and filed immediately upon completion) of above work in accordance with approved application)  To the Borough Superintendent:  On 22 1957, I examined the Electric Sign herein described, and respectfully report that the said sign has been built and erected at the above location as specified in this application, and that this sign is safe. (If otherwise, Inspector will report violation)  (Signed)  Inspector  Receipt No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DEPARTMENT OF WATER SU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| (Signed)  (Notice to District Inspectors—The following report must be made and filed immediately upon completion of above work in accordance with approved application)  To the Borough Superintendent:  On 22 1957, I examined the Electric Sign herein described, and respectfully report that the said sign has been built and erected at the above location as specified in this application, and that this sign is safe. (If otherwise, Inspector will report violation)  (Signed)  Inspector 23 Months 25 Months 25 Months 25 Months 25 Months 26 Months 26 Months 27  | LIQUURS 200"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| On 22 1955, I examined the Electric Sign herein described, and respectfully report that the said sign has been built and erected at the above location as specified in this application, and that this sign is safe. (If otherwise, Inspector will report violation)  (Signed) 1955  Inspector Odm District  Processing fee payment—Amount \$ Receipt No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Work commenced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| fully report that the said sign has been built and erected at the above location as specified in this application, and that this sign is safe. (If otherwise, Inspector will report violation)  (Signed)  Inspector  Inspector  Receipt No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | To the Borough Superintendent:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Processing fee payment—Amount \$ Receipt No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | fully report that the said sign has been built and erected at the above location as specified in this application, as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Processing fee payment—Amount \$ Receipt No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ( or or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Processing fee payment—Amount \$ Receipt No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Casimir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · Casher                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |