

IDENTIFICATION Block	Lot	Qualifica	ition Code
Work Site Location		Contractor	
Owner in Fee			
Address			
Tel. ()		Lic. No. or Bldrs. Reg. No.	
Is hereby granted permission to perform the following wor		DUAZADO ADATEMENT	PAYMENTS (Office Use Only)
		AD HAZARD ABATEMENT	Building
	MENT OTHE	DEMOLITION OTHER	Electrical
			Plumbing
			Fire Protection
			Elevator Devices
			Other
			DCA State Permit Fee
			Cert. of Occupancy
NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void. Estimated Cost of Work \$		Other	
			Total
			Check No.
			Cash
Construction Official	Date		Collected by
U.C.C. F170 (rev. 01/04)			(see reverse side)