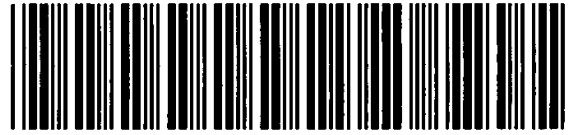


BOX NUMBER:



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HANSEN NUMBER:



406779



00BREAK00

(For office use only)
APPLICATION

APPLICATION #

ZONING CLASSIFICATION C2 Com

PREVIOUS APPLICATION NO.



**CITY OF PHILADELPHIA
DEPARTMENT OF LICENSES AND INSPECTIONS
MUNICIPAL SERVICES BUILDING – CONCOURSE
1401 JOHN F. KENNEDY BOULEVARD
PHILADELPHIA, PA 19102**
For more information visit us at www.phila.gov

(Applicant completes all information below. Print clearly and provide full details)

1. STATE OF NEW YORK IN SENATE

PROPERTY OWNER'S NAME

Jessie Permar

PHONE: 610-337-1423

610-337-1473

PROPERTY OWNER'S ADDRESS

602 Bismark way

King of Prussia, Pa 19404

LICENSEE

E-MAIL:

APPLICANT:

Michael Beck (Lessee)

FIRM/COMPANY:

Elkton Sprinkler Co., Inc.

PHONE #

215-620-5990

FAX #

RELATIONSHIP TO OWNER: ☒ TENANT/LESSEE

ADDRESS:

3600 Sussex Lane

Phik PA 19114

LICENSE #**E-MAIL**

~~4/15/49~~ 4/30/35

RELATIONSHIP TO OWNER: ☒ TENANT/LESSEE ☐ ATTORNEY ☐ DESIGN PROFESSIONAL ☐ CONTRACTOR ☐ EXPEDITOR

TABULATION OF USES

FLOOR/SPACE #	CURRENT USE OF BUILDING/SPACE	Last Previous Use	Date Last Used
1	1999	Hair - 5/10/01	

FLOOR/SPACE #	PROPOSED USE OF BUILDING/SPACE
A	Gen Merchandise - Temporary Sales - No item prohibited by state law or as defined in sec. 14-065

STORIES AND HEIGHTS FROM GROUND TO ROOF

HEIGHT	EXISTING BUILDING		PROPOSED ADDITION / ALTERATION / NEW CONSTRUCTION	
	FRONT	REAR	FRONT	REAR
IN FEET				
IN STORIES				

BRIEF DESCRIPTION OF WORK/CHANGE:

CONTINUED ON ADDITIONAL SHEET (ATTACHED)

ACCELERATED REVIEW

CHECK/RECEIPT/M.O NO.

IS THIS APPLICATION IN RESPONSE TO A VIOLATION? ☒ NO ☐ YES

VIOLATION #:

All provisions of the Zoning code and other City ordinances will be complied with, whether specified herein or not. Plans approved by the Department form a part of this application. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I further certify that I am authorized by the owner to make the foregoing application, and that, before I accept my permit for which this application is made, the owner shall be made aware of all conditions of the permit. I understand that if I knowingly make any false statement herein I am subject to such penalties as may be prescribed by law or ordinance.

APPLICANT'S SIGNATURE:

DATE: 6 12 11 07

Handwritten signature



ELKTON SPARKLER COMPANY, INC.
LEASE AGREEMENT
Po Box F, Northeast, MD 21901
800-322-3458 - Fax (410) 287-9553

Location # _____

THIS AGREEMENT IS MADE BETWEEN Jessie Permar as Lessor with Elkton Sparkler Company, Inc. dba Nitro Fireworks as Lessee, for the purpose of allowing the retail sale of approved sparklers and novelties from the following premises, hereafter known as the "Location".

PROPERTY INFORMATION:

Location Name _____ Cross Street _____
Address 4219 Main St. City/State/Zip Phila, PA 19127
County Phila Governing Municipality Phila

- 1) The premises listed above is owned and/or controlled by the Lessor and is represented as such by the Lessor. Lessor grants Lessee the exclusive right to operate a retail fireworks tent-stand on these premises for the selling period of:

June 22, 2007 thru July 4th, 2007

A reasonable period of time before and after the sale is also permitted to erect and dismantle the tent-stand as well as the delivery and removal of inventory.

- 2) If the above listed property is sold or developed for any purpose other than the sale of fireworks, Lessor shall have the right to void this lease by providing 60 days written notice.
- 3) Lessor agrees to provide access to rest room facilities, to provide electricity when available, and gives permission to acquire all necessary permits and licenses for the property and agrees to cooperate with Lessee's efforts and applications.
- 4) Lessor agrees to provide a site plan (diagram and/or legal description) of said property indicating tent placement.
- 5) Lessee may assign this lease or grant a license to use the leased premises to an independent contractor or operator who will be selling Lessee's merchandise so long as Lessee remains bound by all terms contained herein.

Lessee agrees to the following terms and conditions:

- 1) Lessee agrees to pay Lessor the greater of \$ 1500 or 10 % of Nitro Fireworks Gross Sales as net terms of lease.
- 2) A deposit amount of \$ 1500 shall be paid to Lessor on or before ASAP which shall be applied to the net terms of the Lease.
- 3) Lessee will pay in full the Lessor net terms of the Lease within 30 days of the last day of the sale.
- 4) Lessee will provide Five Million Dollars liability insurance and provide Lessor with a certificate of insurance prior to occupying the Location. Furthermore, the insurance coverage shall name the Lessor as additional insured and Elkton shall hold Lessor harmless against all claims, whether valid or otherwise, arising out of Elkton's occupancy, activities, business, or other use of Lessor's property.
- 5) Lessee shall guarantee that the premises shall be returned to its original condition.
- 6) Lessee shall obtain and pay for all necessary permits and licenses required by law and guarantee that all laws and regulations shall be adhered to.
- 7) If the sale of fireworks is prohibited or limited by the local municipality, or if any other local laws change which would have an effect on the state statute, then this lease would automatically become null and void.
- 8) This agreement is contingent upon Lessee obtaining and securing local and state licenses.
- 9) This lease shall be automatically renewed under the same terms and conditions as stated above for each season through 20____ unless canceled by either party prior to January 1 of the renewal year. Lessor shall grant the Lessee First Right of Refusal to match any bona fide offer to lease the location for fireworks sales during the renewal year.

LESSOR INFORMATION:

Name Jessie Permar
Address 602 Bismark way
City/State/Zip King of Prussia, PA 19406
Phone 610-337-7423
Tax ID / Social Security # _____
Lessor Jessie Permar Date _____

ADDITIONAL INSURED INFORMATION:

Name _____
Address _____
City/State/Zip _____
Phone _____
Elkton Sparkler Representative [Signature] Date _____

White - Office

Yellow - Regional Manager

Pink - Lessor

USE PERMIT	CITY OF PHILADELPHIA DEPARTMENT OF LICENSES & INSPECTIONS 1401 JOHN F KENNEDY BLVD PHILADELPHIA, PA 19102-1667	PERMIT NUMBER 84726	
SUBJECT TO REVOCATION IF FULL INFORMATION IS MISREPRESENTED OR NOT PROVIDED		FEE \$100.00	DATE 06/21/07
LOCATION OF WORK: 04219 MAIN ST PHILADELPHIA, PA 19127-1602		ZONING CLASSIFICATION C-2	
OWNER PERMAR JESSIE L 602 BISMARCK WAY KING PRUSSIA, PA, 194063210	APPLICANT MICHAEL BECK 3600 SUSSEX LANE PHILADELPHIA, PA 19114	PLAN EXAMINER QAMAR ZAMAN	
		ZONING BOARD OF ADJUSTMENT DECISION CALENDAR # DATE	
THIS PERMIT DOES NOT AUTHORIZE ANY CONSTRUCTION UNTIL RELATED CONSTRUCTION PERMITS ARE ISSUED			
UNDER REGULATIONS OF THE PHILADELPHIA ZONING ORDINANCE FOR Use Registration FOR RETAIL SALES OF GENERAL MERCHANDISE-NO ITEMS AS DEFINED IN SEC 14-1605 OF PHILADELPHIA ZONING CODE-ON THE FIRST FLOOR AND A VACANT 2ND FLOOR (USE REGISTRATION REQUIRED PRIOR TO OCCUPANCY)(NO SIGNS ON THIS APPLICATION).			
SUBJECT TO THE FOLLOWING PROVISOS AS ESTABLISHED BY THE ZONING BOARD OF ADJUSTMENT:			
ANY PERSON AGGREIVED BY THE ISSUANCE OF THIS PERMIT MAY APPEAL TO THE ZONING BOARD OF ADJUSTMENT (ZBA). FOR INSTRUCTIONS ON FILING AN APPEAL, PLEASE CONTACT THE ZBA AT 215-686-2429 OR 215-686-2430.			
IT SHALL BE THE OWNER'S RESPONSIBILITY TO SECURE THE APPROVAL OF THE PHILADELPHIA HISTORICAL COMMISSION PRIOR TO ANY ALTERATION TO A HISTORIC PROPERTY. TO CHECK THE HISTORIC STATUS OF A PROPERTY, CALL THE PHILADELPHIA HISTORICAL COMMISSION AT 215-686-7660. FOR ESTABLISHMENTS THAT PREPARE AND SERVE FOOD: APPLICANTS MUST OBTAIN ALL NECESSARY APPROVALS FROM THE HEALTH DEPARTMENT. SEPARATE PLAN REVIEWS AND FEES MAY BE REQUIRED. CONTACT THE PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH - ENVIRONMENTAL HEALTH SERVICES / OFFICE OF FOOD PROTECTION: 321 UNIVERSITY AVE. - 2ND Floor, PHILADELPHIA, PA 19104 TELEPHONE NUMBER: (215) 685-7495 LIMITATIONS: IN CASES WHERE NO CONSTRUCTION OR INTERIOR ALTERATIONS ARE INVOLVED, THIS PERMIT BECOMES INVALID SHOULD THIS USE NOT START WITHIN THREE (3) MONTHS FROM THE DATE OF ISSUANCE. IN CASE WHERE CONSTRUCTION OR INTERIOR ALTERATIONS ARE INVOLVED, A BUILDING PERMIT MUST BE OBTAINED WITHIN ONE (1) YEAR FROM THE DATE OF ISSUANCE OF THIS ZONING PERMIT OR NO LATER THAN TWO YEARS FROM THE ZONING BOARD OF ADJUSTMENT DECISION DATE. THIS PERMIT DOES NOT CONSTITUTE APPROVAL FROM ANY STATE OR FEDERAL AGENCY, IF REQUIRED. THIS PERMIT IS NOT A CERTIFICATE OF OCCUPANCY OR A LICENSE. ALL PROVISIONS OF THE CODE AND OTHER CITY ORDINANCES MUST BE COMPLIED WITH, WHETHER SPECIFIED HEREIN OR NOT. POST A TRUE COPY OF THIS PERMIT IN A CONSPICUOUS LOCATION ON THE PREMISES POST WITH THE ASSOCIATED BUILDING PERMIT DURING THE CONSTRUCTION ACTIVITY. WHEN NO CONSTRUCTION IS PROPOSED, POST FOR THE FIRST THIRTY (30) DAYS OF OCCUPANCY.			

APPLICATION FOR ZONING / USE REGISTRATION PERMIT

(For office use only)

APPLICATION # 060427095

ZONING CLASSIFICATION C-2

PREVIOUS APPLICATION NO. 15254

(Applicant completes all information below. Print clearly and provide full details)

LOCATION OF PROPERTY (LEGAL ADDRESS) 4219 MAIN ST



CITY OF PHILADELPHIA
DEPARTMENT OF LICENSES AND INSPECTIONS
MUNICIPAL SERVICES BUILDING - CONCOURSE
1401 JOHN F. KENNEDY BOULEVARD
PHILADELPHIA, PA 19102
For more information visit us at www.phila.gov

"Regulated USE"

PROPERTY OWNER'S NAME

Jessie L. PERMAR

PHONE # 484-744-3348 FAX #

PROPERTY OWNER'S ADDRESS:

4219 MAIN Street

Phila, Pa 19127

LICENSE # E-MAIL:

APPLICANT:

Annette M. LONG

FIRM/COMPANY: MASSAGE Creations LLC

PHONE # (215) 706-0237 FAX #

RELATIONSHIP TO OWNER: TENANT/LESSEE ☒ ATTORNEY

ADDRESS:

36 KNOCK N KNOLL Circle

Willow Grove, PA 19090

LICENSE # 365902 E-MAIL: contactus@MASSAGE-

MASSAGE Creations.COM

DESIGN PROFESSIONAL CONTRACTOR EXPEDITOR

TABULATION OF USES

FLOOR/SPACE #	CURRENT USE OF BUILDING/SPACE	Last Previous Use	Date Last Used
<u>1st Floor</u>	<u>VACANT</u>	<u>Hair Salon</u>	
<u>2nd & 3rd floor</u>	<u>vacant</u>		

PROPOSED USE OF BUILDING/SPACE

FLOOR/SPACE #	PROPOSED USE OF BUILDING/SPACE
<u>1st Floor</u>	<u>MASSAGE Therapy</u>
<u>2nd & 3rd floor</u>	<u>same</u>

STORIES AND HEIGHTS FROM GROUND TO ROOF

HEIGHT	EXISTING BUILDING	PROPOSED ADDITION / ALTERATION / NEW CONSTRUCTION
IN FEET	FRONT SIDE REAR	FRONT SIDE REAR
IN STORIES		

BRIEF DESCRIPTION OF WORK/CHANGE:

Changing Premise from Hair Salon to a
Massage Therapy establishment.

☐ CONTINUED ON ADDITIONAL SHEET (ATTACHED)

☐ ACCELERATED REVIEW

CHECK/RECEIPT/M.O NO. 3358

IS THIS APPLICATION IN RESPONSE TO A VIOLATION? ☒ NO

☐ YES

VIOLATION #:

All provisions of the Zoning code and other City ordinances will be complied with, whether specified herein or not. Plans approved by the Department form a part of this application. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I further certify that I am authorized by the owner to make the foregoing application, and that, before I accept my permit for which this application is made, the owner shall be made aware of all conditions of the permit. I understand that if I knowingly make any false statement herein I am subject to such penalties as may be prescribed by law or ordinance.

APPLICANT'S SIGNATURE: Annette M Long

DATE: 04/27/06

PRE-REQUISITE APPROVALS FOR:

ADDRESS:	APPLICATION #:
----------	----------------

APPLICATION #:

✓ IF REQ'D	AGENCY	INITIALS	DATE	REMARKS
	ART COMMISSION 13 TH FLOOR – 1515 ARCH STREET			
	CITY PLANNING COMMISSION 13 TH FLOOR – 1515 ARCH STREET			
	HISTORICAL COMMISSION			
	FAIRMOUNT PARK COMMISSION			
	STREETS DEPARTMENT ROOM 940 – M.S.B.			
	WATER DEPARTMENT 2 ND FLOOR – 1101 MARKET STREET			

EXAMINER'S APPROVAL (OFFICE USE ONLY)

PERMIT TO READ:

NOTICE OF REFERRAL DATE:

ZBA CALENDAR NO.		GRANTED BY ZBA <input type="checkbox"/> NO <input type="checkbox"/> YES DATE	PROVISOS <input type="checkbox"/> NO <input type="checkbox"/> YES	FEE ITEM	AMOUNT
VIOLATION FOR WORK/CHANGE WITHOUT A PERMIT? <input type="checkbox"/> NO <input type="checkbox"/> YES (INSPECTION FEE MUST BE ADDED TO PERMIT FEE) VIOLATION #				FILING FEE	
				RE-INSPECTION FEE	
				ZONING FEE	
				USE FEE	
				TOTAL FEES	

This is to certify that I have examined the within detailed statement, together with a copy of the plans relating thereto, and find the same to be in accordance with the provisions of the law relating to zoning in the City of Philadelphia, that the same has been approved and entered into the records of this Department.

EXAMINER: _____ DATE APPROVED: _____

PERMIT #	DATE ISSUED:	CHECK #
----------	--------------	---------

Temporary Storefront Lease Agreement

This Agreement, made the eleventh day of April, two thousand and six by and between Jessie Permar and Annette M. Long. The storefront is located at 4219 Main Street, 1st floor front, Philadelphia, PA 19127.

Rental of \$18,000 per year payable in monthly amounts of \$1,500.00. Rent is due the 1st of each month with a 5 day grace period. Late penalty is 5% of monthly rent.

Payment of rent shall begin June 1, 2006 or an agreeable date based on completion of facilities after construction.

NO PETS ALLOWED ON PREMISES

A full and complete lease will be prepared by Jessie Permar ~~April 19, 2006~~ MAY 1, 2006 JCL

Credit from \$50.00 deposit is \$28.00 which is deducted from 1st months rent.

One month security deposit

\$1500.00

Balance due \$1500.00

(^{\$1472} for 1st month's rent)

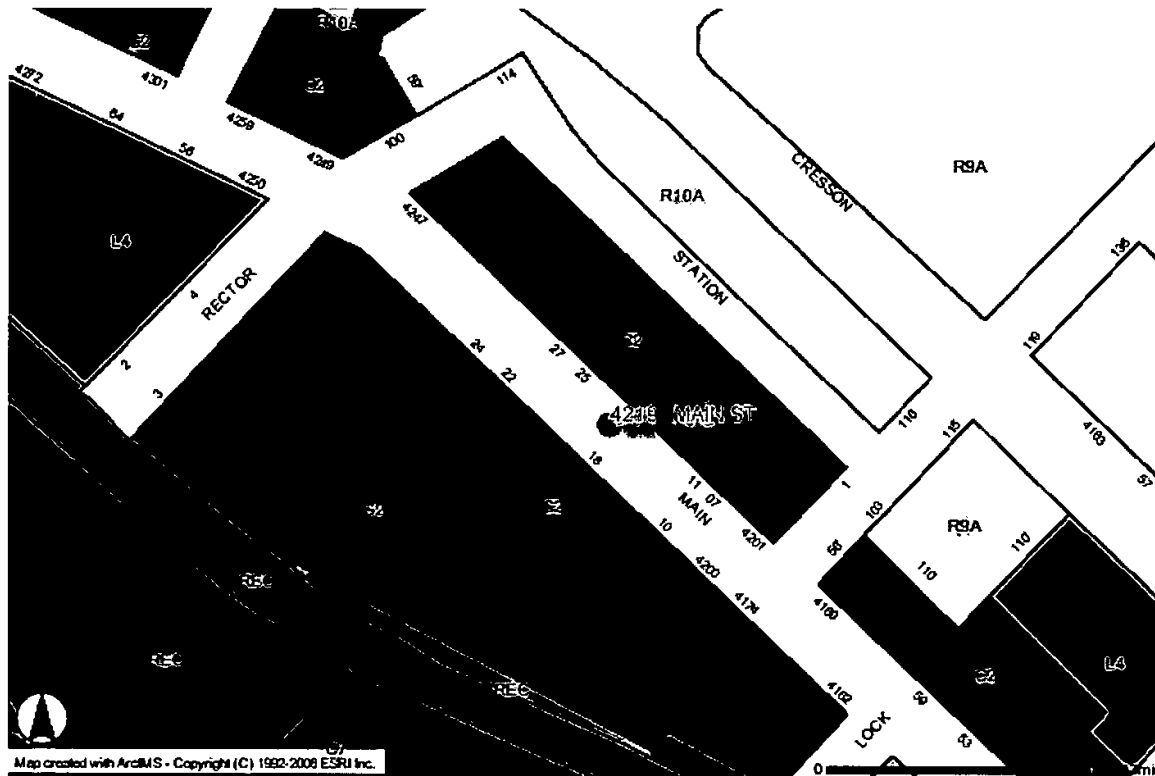
Signed by:

Lessee

Annette M. Long 4/11/06

Lessor

Jessie L. Permar 4/11/06



Sheet 6 Block 65

MAIN ST.

[illegible]

**"C" APPLICATION FOR ZONING PERMIT
AND/OR USE REGISTRATION PERMIT**

CITY OF PHILADELPHIA
DEPARTMENT OF LICENSES AND INSPECTIONS
SECOND FLOOR - CITY HALL ANNEX

NOTE:

The requirements for this permit are in addition to all others required by law or regulation.
The issuance of this permit does not imply that a building permit or other permits will be issued if the specifications do not conform with the Building Code, Plumbing Code, Housing Code, Fire Code and all other pertinent laws or regulations.

Application is hereby made for the permit or permits required by the Philadelphia Zoning Ordinance before commencing the use or the work described herein, and as shown on accompanying plan.

LOCATION OF PROPERTY:

4219 Main St Manayunk.
(Street and House Number)

situated on _____ side of _____ Street
at the distance of _____ feet _____ inches from _____ side
of _____ Street
Front _____ feet _____ inches. Depth _____ feet _____ inches.

If lot is irregular in shape, give deed description below:

EXPLAIN ANY ALTERATIONS OR PROPOSED CONSTRUCTION

Replace two plate glass windows with glass blocks side 3-8 7 each.
enclose transom windows with wooden boards.

STORIES AND HEIGHTS FROM GROUND TO ROOF

HEIGHT	Existing Building			Proposed Addition, Alteration or New Building		
	Front	Side	Rear	Front	Side	Rear
In Feet	38 ft					
In Stories						

TABULATION OF USES

FLOOR No.	PRESENT USE	LAST PREVIOUS USE	DATE LAST USED
	office	office	1960
	Glenn Killion Ink Co.	Glenn Killion Ink Co.	
FLOOR No.	PROPOSED USE OF PRESENT BUILDING	PROPOSED USE OF ADDITION OR NEW BUILDING	
	office		

Additional use information, if required _____

Application No.	1221H
District Designation	H Com
Zoning Map No.	6-265
F. A. Vol. Pl.	20-1933
Previous Application	90500
Calendar No.	
Zoning Refused	
Use Refused	
Appeal	
App. Granted	Cert.
App. Refused	Cert.
Ref. to B. of A.	
Ref. Granted	Cert.
Ref. Refused	Cert.

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DEPARTMENT OF LICENSES
AND INSPECTIONS
PHILADELPHIA

USE REGISTRATION

PERMIT No. 105527
DATED 10/27/61

14-44114

Owner Glenn Killion Address 4208 Main St Phone _____
Architect _____ Address _____ Phone _____
Engineer _____ Address _____ Phone _____

DRAW PLANS ON SPACE BELOW

PLANS TO BE DRAWN IN INK.

SHOW ALL LOT LINES AND DIMENSIONS.

SHOW ALL STREETS AND ALLEYS BOUNDING PROPERTY.

SHOW DISTANCES FROM BUILDING TO LOT LINES, AND TO OTHER BUILDINGS ON SAME LOT.

DRAW ELEVATIONS AND ADDITIONAL PLANS WHEN REQUIRED.

Willie Talley

I HEREBY CERTIFY THAT I AM AUTHORIZED BY THE OWNER TO MAKE THE FOREGOING APPLICATION, AND I FURTHER CERTIFY THAT, BEFORE I AGREE ANY PERMIT FOR WHICH THIS APPLICATION IS MADE, THE OWNER SHALL BE MADE AWARE OF ALL CONDITIONS OF THE PERMIT.

"I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein I am subject to such penalties as may be prescribed by law or ordinance."

Willie Talley
(Applicant Sign Here)

DISTRICT:						
TYPE OF PROPERTY: <input type="checkbox"/> Corner <input checked="" type="checkbox"/> Attached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Detached						
DWELLING: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		HOW MANY FAMILIES? <u>no.</u>		HOW MANY STORIES? <u>3</u>		
USE APPLIED FOR			ACCESSORY		TO WHAT USE? <u>office</u>	
AREAS AND DIMENSIONS	Req. or Permitted	%	Req. when used	Existing	Proposed	%
Lot area						
Occupied area						
Area rear yard						
" " inner court						
Total open area						
Set-back front						
Set-back side						
Rear yard - depth						
Side yard, minimum width						
" " aggregate width						
Open court - width						
Court between wings - width						
Inner court - least dimension						
Height - front						
" - side						
" - rear						
" - garage						
Garage - inner dimensions						
IS USE PERMITTED IN THIS DISTRICT? <input type="checkbox"/> Yes <input type="checkbox"/> No			UNDER WHAT PROVISION?			
IF USE IS NOT PERMITTED IN THIS DISTRICT, UNDER WHAT PROVISION IS IT PERMITTED?						
ZONING PERMIT <input type="checkbox"/> Grant <input type="checkbox"/> Refuse <input type="checkbox"/> Refer <input type="checkbox"/> Not Required						
USE PERMIT <input type="checkbox"/> Grant <input type="checkbox"/> Refuse <input type="checkbox"/> Refer <input type="checkbox"/> Not Required						
REMARKS:						
Date of Examination <u>see 'u</u> Examiner (Signature)						

INSPECTOR

Application No. _____

Date of Refusal _____

CITY OF PHILADELPHIA
DEPARTMENT OF LICENSES AND INSPECTIONS

Second Floor - City Hall Annex

NOTICE OF REFUSAL OF PERMIT

To 100 N 2nd St Applicant Address _____

The permit applied for in Application No. _____ is hereby refused because the provisions of the Philadelphia Zoning Ordinance have not been complied with in the following particulars:

Signed _____
For Commissioner

INSTRUCTIONS FOR ISSUANCE OF PERMIT OR PERMITS

ZONING

For partial demolition of Existing Building and erection of Addition, structure, garage, accessory to a single family dwelling with accessory _____; garage, size and location, as shown in the application. Authorized by and subject to the conditions of Board of Adjustment Certificate, _____

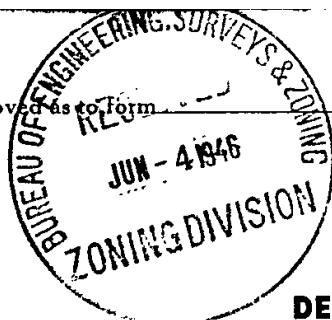
USE

For extension of _____ single family dwelling with accessory, _____ garage, size and location, equipment and capacity as shown in the application, to include use of new construction for _____
Authorized by and subject to the conditions of Board of Adjustment Certificate, _____

3 _____
Authorized by _____

Issued by _____

Approved as to Form



90500

Application No. 90500
 District Designation A Com
 Zoning Map No. 6 Sub. 65
 F. A. Vol. Pl. 10-1933 Ward 21st
 Previous Application 710

CITY OF PHILADELPHIA
 DEPARTMENT OF PUBLIC WORKS
 BUREAU OF ENGINEERING, SURVEYS AND ZONING
 ROOM 1223 CITY HALL ANNEX

APPLICATION FOR ZONING PERMIT and/or USE REGISTRATION PERMIT

Application is hereby made by Julius Laurence for the permit or permits required by the Philadelphia Zoning Ordinance before commencing the use or the work described herein, and as shown on accompanying plan.

LOCATION OF PROPERTY: 4219 Main St
 (Street and House Number)

situated on _____ side of _____ Street
 at the distance of _____ feet _____ inches from _____ side
 of _____ Street _____ Ward.
 Front _____ feet _____ inches. Depth _____ feet _____ inches.

If lot is irregular in shape, give deed description below:

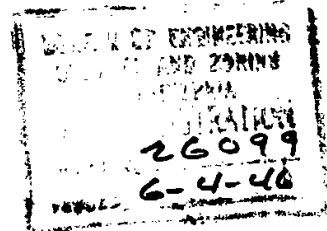
Calendar No. _____
 Zoning Refused _____
 Use Refused _____
 Appeal _____
 App. Granted _____ Cert. _____
 App. Refused _____ Cert. _____
 Ref. to B. of A. _____
 Ref. Granted _____ Cert. _____
 Ref. Refused _____ Cert. _____

This space for Official Stamp
 (Do not write in this space)

2041

WHAT KIND OF WORK IS GOING TO BE DONE?

None



STORIES AND HEIGHTS FROM GROUND TO ROOF

	Existing Building			Proposed Addition, Alteration or New Building		
	Front	Side	Rear	Front	Side	Rear
Height in Feet						
Height in Stories						

TABULATION OF USES

FLOOR No.	PRESENT USE	LAST PREVIOUS USE	DATE LAST USED
	<u>None</u>		
	<u>Furniture</u>		
FLOOR No.	PROPOSED USE OF PRESENT BUILDING	PROPOSED USE OF ADDITION OR NEW BUILDING	
	<u>Furniture Store</u>		

Additional use information, if required

Applicant

Julius Laurence Address 606 Roxborough Ave Phone Rox 4190 J

DRAW PLANS ON SPACE BELOW

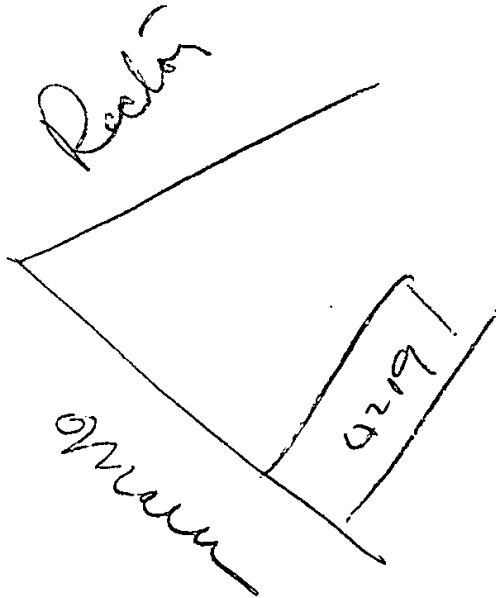
PLANS TO BE DRAWN TO SCALE, IN INK.

SHOW ALL LOT LINES AND DIMENSIONS.

SHOW ALL STREETS AND ALLEYS BOUNDING PROPERTY.

SHOW DISTANCES FROM BUILDING TO LOT LINES, AND TO OTHER BUILDINGS ON SAME LOT.

DRAW ELEVATIONS AND ADDITIONAL PLANS WHEN REQUIRED.



Courtesy from
nothing on last 2 pages C.M.