

CASE
TYPE:

STID 1127

PLAN REVIEW INFORMATION:

DEPOSIT DATE _____

AMOUNT OF DEPOSIT _____

RECEIPT # _____

INSPECTOR'S NAME _____

CONTRACTOR/PAYOR _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

SWC

SITE NAME _____

ADDRESS 3101 98th Ave

CITY, ZIP CODE Oakland, CA 94605

*To see
refusing to
submit deposit
to answer lawsuit
- submit*

8/1 ADDITIONAL FOLDERS? YES / NO

If YES, this FOLDER # _____

PERIOD COVERED: _____

DATE	BY	REMARKS

DATE	BY	REMARKS
<i>Closed</i>		