



ALZAFAR SHRINERS



San Antonio Shrine Auditorium * 901 N. 1604 West, San Antonio Texas 78232 * 210 496-1625

Camp Alzafar Building Permit

Date: _____

Noble Name: _____

Home Address: _____

City & State: _____

Telephone: _____

Camp Address: _____

Estimate Cost: \$ _____

Brief Description of Proposed Work: (Plan Drawing Attached)

We have reviewed your plans for proposed modifications to your Cabin/Trailer.

Based on information provided we **Approve** **Denied**

Reason for Denial or Approval with suggested modifications to proposed plans:

Date: _____

Camp Manager: _____

Recorder: _____

Potentate: _____