

P E R M I T

CITY OF NAPOLEON  
255 W. RIVERVIEW AVE  
NAPOLEON, OHIO 43545

DIVISION OF BUILDING & ZONING  
PH (419) 592-4010  
FAX (419) 599-8393

PERMIT NO: 1505                      DATE ISSUED: 01-27-03                      ISSUED BY: MRD

JOB LOCATION: 645 AMERICAN ROAD                      EST. COST:

LOT #:    SUBDIVISION NAME:

OWNER: TRI VET L L C  
ADDRESS: 645 AMERICAN ROAD  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-6876

AGENT: MEL LANZER CO  
ADDRESS: 2266 SCOTT ST  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-2801

USE TYPE - RESIDENTIAL:                      OTHER:

ZONING INFORMATION

DIST:                      LOT DIM:                      AREA:                      FYRD:                      SYRD:                      RYRD:  
MAX HT:                      # PKG SPACES:                      # LOADING SP:                      MAX LOT COV:

BOARD OF ZONING APPEALS:

WORK TYPE - NEW:                      REPLMNT:                      ADD'N:                      ALTER:                      REMODEL:

WORK INFORMATION

SIZE - LGTH:                      WIDTH:                      STORIES:                      LIVING AREA SF:  
GARAGE AREA SF:                      HEIGHT:                      BLDG VOL DEMO PERMIT:

WORK DESCRIPTION  
NEW FACILITY

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
ZONING PERMIT		25.00
PLAN REV INSPEC FEE		25.00

TOTAL FEES DUE                      50.00

*Jan 27, 2003*  
DATE

*Thomas M Zgela*  
APPLICANT SIGNATURE



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FAX (419) 599-8393

PERMIT NO: 1439                      DATE ISSUED: 12-13-02                      ISSUED BY: MRD

JOB LOCATION: 645 AMERICAN ROAD                      EST. COST:

LOT #:    SUBDIVISION NAME:

OWNER: TRI VET L L C  
ADDRESS: 645 AMERICAN ROAD  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-6876

AGENT: MEL LANZER CO  
ADDRESS: 2266 SCOTT ST  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-2801

USE TYPE - RESIDENTIAL:                      OTHER:

ZONING INFORMATION

DIST:                      LOT DIM:                      AREA:                      FYRD:                      SYRD:                      RYRD:  
MAX HT:                      # PKG SPACES:                      # LOADING SP:                      MAX LOT COV:

BOARD OF ZONING APPEALS:

WORK TYPE - NEW:                      REPLMNT:                      ADD'N:                      ALTER:                      REMODEL:

WORK INFORMATION

SIZE - LGTH:                      WIDTH:                      STORIES:                      LIVING AREA SF:  
GARAGE AREA SF:                      HEIGHT:                      BLDG VOL DEMO PERMIT:

WORK DESCRIPTION  
VETERINARY CLINIC

FEE DESCRIPTION                      PAID DATE                      FEE AMOUNT DUE

ZONING PERMIT  
PLAN REV INSPEC FEE

25.00  
25.00



TOTAL FEES DUE                      50.00

12-13-02

DATE

*Thomas M. Zgala*

APPLICANT SIGNATURE

# CITY OF NAPOLEON OHIO PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTIAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMOLITION, REMODELING.

DATE 12-12-02 JOB LOCATION 645 American Rd

LOT # 3 SUBDIVISION NAME NorthPointe Plat No. 2

\*OWNER TRIVET L.L.C. PHONE 419-592-6876

OWNER ADDRESS 645 AMERICAN RD. CITY NAPOLEON OH. ZIP 43545

CONTRACTOR McL Lanza Co. PHONE 592-2801

CONTRACTOR ADDRESS 2266 Scott St. CITY Napoleon ZIP 43545

CONTRACTOR FAX # 599-2861 CELL PHONE (Opt.) \_\_\_\_\_

DESCRIPTION OF WORK TO BE PERFORMED: Veterinary Clinic

ESTIMATED COST OF WORK TO BE PERFORMED: \_\_\_\_\_

### WORK INFORMATION

BUILDING: Basement Floor Area \_\_\_\_\_ Sq. Ft. 1st Story Living Area 6000 Sq. Ft.

2nd Floor Living Area \_\_\_\_\_ Sq. Ft. Garage Floor Area \_\_\_\_\_ Sq. Ft.

BUILDING SIZE: Length \_\_\_\_\_ Width \_\_\_\_\_ Stories \_\_\_\_\_ Height \_\_\_\_\_ DEMO VOL \_\_\_\_\_

\*Masonry Contractor SCHROEDER MASONRY Phone 419-943-2270 Fax 419-943-2260  
Address 5839 S.R. 109 City LEIPSIK St OH Zip 45859 45856

\*Electrical Contractor JIM SPEISER & SONS Phone 419-599-1846 Fax 419-599-1602  
Address P.O. BOX 545 City NAPOLEON St OH Zip 43545

\*Plumbing Contractor L.R. BARCOCK PLBG & HTG. Phone 419-592-5941 Fax 419-592-4142  
Address 387 CO. RD. R City NAPOLEON St OH Zip 43545

\*Heating Contractor FITZENRIDER INC. Phone 419-784-0828 Fax 419-782-7385  
Address 827 PERRY ST. City DEFIANCE St OH. Zip 43512

\*Insulation Contractor G.C. Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

\*Other Contractor attach information.

ZONING INFORMATION (to be completed by City): District \_\_\_\_\_ Lot Dimensions \_\_\_\_\_  
Lot Area \_\_\_\_\_ FRSB \_\_\_\_\_ SYSB \_\_\_\_\_ RYSB \_\_\_\_\_ Max Ht \_\_\_\_\_ ft Max Cov \_\_\_\_\_ %

I, by signing below agree to comply with all applicable City of Napoleon Codes & Ordinances while performing the work herein described. I understand that all work for which a permit is issued is required to be approved by the building inspector of the City of Napoleon.

\*Applicant Signature Thomas M. Zgela \*Date December 12, 2002