



Complete areas marked \*

# CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

\* DATE 9-5-02 \* JOB LOCATION 329 Appian Ave

LOT # \_\_\_\_\_ SUBDIVISION NAME \_\_\_\_\_

\* OWNER Tom Creps \* PHONE \_\_\_\_\_

\* OWNER ADDRESS 329 Appian \* CITY Napoleon ZIP \_\_\_\_\_

\* CONTRACTOR Dilly Door Co. PHONE \_\_\_\_\_

CONTRACTOR ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CONTRACTOR FAX # \_\_\_\_\_ CELL PHONE (Opt.) \_\_\_\_\_

\* DESCRIPTION OF WORK TO BE PERFORMED: Siding

\* ESTIMATED COST OF WORK TO BE PERFORMED: \$9200.

### WORK INFORMATION

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

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

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

Masonry Contractor \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Electrical Contractor \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Heating Contractor \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Insulation Contractor \_\_\_\_\_ 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 Bruce Shult \* Date 9-5-02

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1312

DATE ISSUED: 09-06-2002

JOB LOCATION: 329 APPIAN AVE

OWNER: CREPS, TOM

OWNER PHONE: 419-599-5573

CONTRACTOR: DILLY DOOR CO

CONTRACTOR PHONE: 419-782-1181

WORK DESCRIPTION: SIDING

PLUMBING: UNDGR \_\_\_\_\_ RGHIN \_\_\_\_\_ FINAL \_\_\_\_\_

SEWER INSP \_\_\_\_\_

MECHANICAL: UNDGR \_\_\_\_\_ RGHIN \_\_\_\_\_ FINAL \_\_\_\_\_

FURNACE REPLC \_\_\_\_\_ AIR COND \_\_\_\_\_

ELECTRICAL: UNDGR \_\_\_\_\_ RGHIN \_\_\_\_\_ FINAL \_\_\_\_\_

SERV UPGR \_\_\_\_\_

BUILDING: SITE \_\_\_\_\_ FTG \_\_\_\_\_ FNDDT \_\_\_\_\_

STRUC \_\_\_\_\_ ROOF \_\_\_\_\_ EXT \_\_\_\_\_

VENT \_\_\_\_\_ ACCES \_\_\_\_\_ EGRS \_\_\_\_\_

SMKDT \_\_\_\_\_ FINAL \_\_\_\_\_

ISSUE TEMP OCCUP \_\_\_\_\_ ISSUE OCCUP \_\_\_\_\_

STRG SHED: SITE \_\_\_\_\_ FINAL \_\_\_\_\_

SIGN: FTG \_\_\_\_\_ FINAL \_\_\_\_\_

FENCE: SITE \_\_\_\_\_ FINAL \_\_\_\_\_

MISC INSP: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSPECTOR INITIALS: \_\_\_\_\_