

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: 1660 DATE ISSUED: 06-06-03 ISSUED BY: BND

JOB LOCATION: 535 APPIAN AVE EST. COST:

LOT #: SUBDIVISION NAME:

OWNER: FOLEY, PAUL AGENT: SELF
ADDRESS: 535 APPIAN AVE ADDRESS:
CSZ: NAPOLEON, OH 43545 CSZ:
PHONE: 419-599-7166 PHONE:

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
DRIVEWAY REPLACEMENT

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
DRIVEWAY PERMIT		25.00

TOTAL FEES DUE 25.00

6-9-03

DATE

Kristen Jilly

APPLICANT SIGNATURE



CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1660

DATE ISSUED: 06-06-2003

JOB LOCATION: 535 APPIAN AVE

OWNER: FOLEY, PAUL

OWNER PHONE: 419-599-7166

CONTRACTOR: SELF

CONTRACTOR PHONE:

WORK DESCRIPTION: DRIVEWAY REPLACEMENT

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDT _____

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:  _____