

PERMIT

City of Napoleon
255 W. Riverview
Napoleon, OH 43545

Division of Building and Zoning
PH (419) 592-4010
FAX (419) 599-8393

Permit No: 001944

Date Issued: 11-10-03

Issued by: BND

Job Location: 534 APPIAN AVE

Est. Cost: 1000.00

Lot #:

Subdivision Name:

Owner: NAPOLEON CHURCH OF NAZARE
Address: 630 APPIAN AVE
CSZ: NAPOLEON, OH 43545
Phone: 419-592-1586

Agent: SELF
Address:
CSZ:
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:
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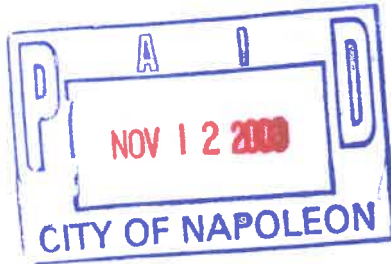
WORK INFORMATION

Size - Lgth:	Width:	Stories:	Living Area SF:
Garage Area SF:	Height:	Bldg Vol Demo Permit:	

WORK DESCRIPTION

SIDEWALK NEW

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
SIDEWALK REPLACEMENT		25.00



Total Fees Due 25.00

11-12-03
Date

[Signature]
Applicant Signature

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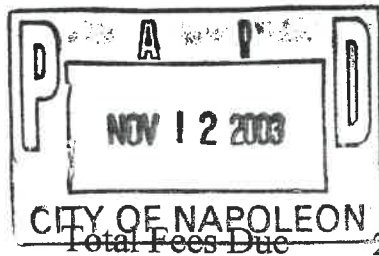
WORK INFORMATION

Size - Lgth: Width: Stories: Living Area SF:
Garage Area SF: Height: Bldg Vol Demo Permit:

WORK DESCRIPTION
SIDEWALK NEW

NO SITE PLAN

FEE DESCRIPTION PAID DATE FEE AMOUNT DUE
SIDEWALK REPLACEMENT 25.00



Total Fees Due 25.00

11-12-03
Date

[Signature]
Applicant Signature

NEW HOME AND ADDITION PERMIT APPLICATION

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

DATE 11-7-03 JOB LOCATION 534 APPIAN

LOT # _____ SUBDIVISION NAME _____

OWNER CHURCH OF THE NAZARENE PHONE 419-592-1586

OWNER ADDRESS 630 APPIAN AVE CITY NAPOLEON ZIP 43545

CONTRACTOR - GARL CALWELL SELF PHONE _____

CONTRACTOR ADDRESS _____ CITY _____ ZIP _____

CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: NEW SIDEWALK INSTALLED

ESTIMATED COST OF WORK TO BE PERFORMED: \$1,000

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 _____ Date _____