

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

P-15-0415
Building

DATE 11-3-15 JOB LOCATION Napoleon Ohio / 608 Avon Place Napoleon Ohio 43545
 OWNER Wells Fargo TELEPHONE # _____
 OWNER ADDRESS 420 Montgomery St. San Francisco CA 94104
 CONTRACTOR Paul Davis Restoration CELL PHONE # 414-866-9544
 DESCRIPTION OF WORK TO BE PERFORMED new roof

ESTIMATED COMPLETION DATE 12-5-15 ESTIMATED COST 20,000

Affected Floor Area (AFA): In existing structures, it is the area affected by the improvement, i.e. a new wall dividing a room (the AFA would be only the room and not all the rooms).

DESCRIPTION	FEE	TOTAL COST
BUILDING:		
Decks	\$25.00	\$
Addition & Alterations Square foot in (AFA) x \$0.05 = \$	+ \$25.00 =	\$
Garage and Shed over 200 SF (Detached)	\$25.00	\$
Siding and/or Roofing	\$25.00	\$
Windows/Doors	\$25.00	\$
ELECTRICAL:		
Electrical Circuits in (AFA) x \$3.00/Circuit = \$	+ \$25.00 =	\$
Electrical Service Upgrade	\$25.00	\$
MECHANICAL:		
Water Heater	\$25.00	\$
Furnace and/or AC Replacement	\$25.00	\$
PLUMBING:		
Plumbing Traps in (AFA) x \$3.00/Trap = \$	+ \$25.00 =	\$
TOTAL plus Ohio Board of Building Standards Fee 1%		\$

TOTAL FEE: \$ 25.25

I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON BUILDING/ZONING DEPARTMENT.

I hereby certify that I am the Owner of the named property, or that the proposed work is authorized by the Owner of record and that I have been authorized by the Owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for Work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.

SIGNATURE OF APPLICANT: [Signature] DATE: _____

PRINT NAME: Alfred P. [unclear]

BATCH # 33158 CHECK # 34040 DATE 11-4-15