### PERMIT

# CITY OF NAPOLEON, OHIO — DEPT. OF BUILDING & ZONING 255 W. Riverview Avenue, Napoleon, Ohio 43545 (419) 592-4010

Permit No.	Annil 2 1004
329 F Rarnes	Date April 2, 1984
Address	Valuation \$_3,000 Address329 E. Barnes
Enank Varbaka Name	
D 100 W-01 01-1-	Telephone No
Electric Contractor	
Plumbing Contractor	
Mechanical Contractor	
This permit is issued for work described in the mitted, as approved by the Building Commission conform to all pertinent construction and lan	e plans, specifications, and/or application sub- ioner of the City of Napoleon, Ohio. Work shall nd use Codes and Ordinances.
Work Information:	
Residential X No. GWEIIING UNITS COMMERCIAL	Industrial
	Remodel
t is the owners or contractors responsibility to call the Bullding Department for the following (x) inspections:	PERMIT & FEES
——— Footing excavation prior to placing	Building Permit \$ 12.00
concrete.	Electrical Permit \$
Footing drains and foundation prior to backfill.	Plumbing Permit \$
Prepared sub-grade prior to placing	Mechanical Permit \$
concrete floor slab.	Demolition Permit \$  Zoning Permit \$
Sanitary sewer	Sign Permit \$
——— Rough-in electrical, plumbing and service framing prior to installing wall board.	Water Tap \$
	Sewer Tap \$
——— Final electrical, plumbing and	Temp. Elec.
heating.	Other \$
Final building inspection, prior to occupancy.	12.00
. ,	TOTAL FEES \$
ermit is not valid until all face are set to 4.11	LEGG I LEG I AID W
ermit is not valid until all fees are paid in full, and shall e void if work is not started within six months of date	
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### CITY OF NAPOLEON BUILDING INSPECTION DEPARTMENT APPLICATION FOR BUILDING PERMIT (Please print or type)

The undersigned hereby makes application for construction, installation, or alteration work as herein specified, agreeing to do all such work in

ocation of project 329 EAST 1	BARNES 57 Cost of pr	roject 3,000
Owner's Name MARY CRAWford	Address 329	EAST BARNES N
Contractor FRANK VERBEKE	TR. Telephone No.	748-8478
Address Box 126 mc/	: CLURE, Ohio	43534
Address Box 126 MC/2  Ot Information: (Not required for	r siding job)	
ot NoSubdivision	n	
Soning District Lot Size _	ft. Xft. Ar	ceasq. ft.
etbacks: Front Right Side	Left Side:	Rear
ork Information:		
Residential Commo	ercialInd	lustrial
New Construction Addi-	tionRem	nodel
ccessory Building	Siding	
rief Description of Work:	Vinya SIDING.	:ific Type)
ize: Length Width		
rea: lst Floorsq. ft.	Basement	sq. ft.
2nd Floor sq. ft.	Accessory Bldg	sq. ft.
3rd Floor sq. ft.	Other	sq. ft.
dditional Information:		

LOCATION. ALL PLANS SHALL BE DRAWN TO SCALE.

\_\_\_\_\_ Applicant's Signature Frank J. Wirks In.