

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: 97471

DATE ISSUED: 12-17-97

ISSUED BY: BND

JOB LOCATION: 131 W BARNES AVE

EST. COST: 1885.00

LOT #:

SUBDIVISION NAME:

OWNER: DAVIS, TIM  
ADDRESS: 131 W BARNES AVE  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-599-1136

AGENT: FRAAS PLBG & HTG  
ADDRESS: 6864 STATE HIGHWAY 66  
CSZ: ARCHBOLD, OH 43502  
PHONE: 419-445-3571

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  
FURNACE REPLACEMENT

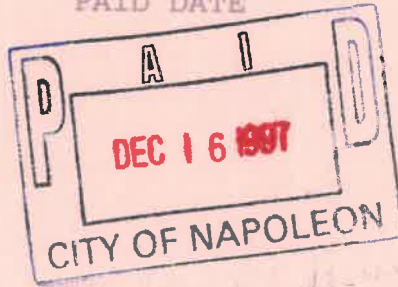
FEE DESCRIPTION

MECHANICAL PERMIT

PAID DATE

FEE AMOUNT DUE

5.00



TOTAL FEES DUE

5.00

DATE

APPLICANT SIGNATURE

Attn. Robin

APPLICATION FOR

Please fillout areas marked

Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit FROM - The City of Napoleon, Ohio, Building Department 255 West Riverview Avenue; P.O. Box 151; Napoleon, Ohio 43545 - Telephone (419) 592-4010

ENTRY NO. \_\_\_\_\_

PERMIT NO. \_\_\_\_\_ ISSUED \_\_\_\_\_

JOB LOCATION 131 W. Barnes

LOT \_\_\_\_\_ (Subdivision or Legal Description)

ISSUED BY \_\_\_\_\_ (Building Official)

OWNER Tim Davis PHONE 419/599-1136

ADDRESS 131 W. Barnes, Napoleon

AGENT Elden Roth Electric Co PHONE 419/445-6406

ADDRESS 6864-SH66, Archbold, OH. 43502

USE: (X) Residential ( ) Commercial ( ) Industrial ( ) Other \_\_\_\_\_

WORK: ( ) New ( ) Addition (X) Replacement ( ) Remodel

ESTIMATED COST = \$ 1885.00

	Base	Plus	Total
( ) Building	\$ _____	\$ _____	\$ _____
( ) Electrical	\$ _____	\$ _____	\$ _____
( ) Plumbing	\$ _____	\$ _____	\$ _____
( ) Mechanical	\$ _____	\$ _____	\$ _____
( ) Demolition	\$ _____	\$ _____	\$ _____
( ) Zoning	\$ _____	\$ _____	\$ _____
( ) Sign	\$ _____	\$ _____	\$ _____
( ) Water Tap	\$ _____	\$ _____	\$ _____
( ) Sewer Tap	\$ _____	\$ _____	\$ _____
( ) Temp Water	\$ _____	\$ _____	\$ _____
( ) Temp Elec.	\$ _____	\$ _____	\$ _____

Additional Structure \_\_\_\_\_ Hours \_\_\_\_\_  
Plan Review: Electric \_\_\_\_\_ Hours \_\_\_\_\_

TOTAL FEES . . . . . \$ \_\_\_\_\_  
Less Fees Paid . . . . . \$ \_\_\_\_\_  
BALANCE DUE . . . . . \$ \_\_\_\_\_

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard

Max Height	No. Phy. Spaces	No. Log. Spaces	Max Cover	Petition or Appeal Required-Date

WORK INFORMATION

Building: Ground Floor Area \_\_\_\_\_ sq. ft. Basement Floor Area \_\_\_\_\_ sq. ft.  
Garage Floor Area \_\_\_\_\_ sq. ft. 2nd Floor Area \_\_\_\_\_ sq. ft. Other \_\_\_\_\_ sq. ft.  
Size: Length \_\_\_\_\_ Width \_\_\_\_\_ Stories \_\_\_\_\_ Height \_\_\_\_\_  
Building Volume (for Demolition Permit) \_\_\_\_\_ cubic feet

Description of Work: Install new gas furnace

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 97471

DATE ISSUED: 12-17-97

JOB LOCATION: 131 W BARNES AVE

OWNER: DAVIS, TIM

OWNER PHONE: 419-599-1136

CONTRACTOR: FRAAS PLBG & HTG

CONTRACTOR PHONE: 419-445-3571

WORK DESCRIPTION: FURNACE 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: \_\_\_\_\_