

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: 82

DATE ISSUED: 04-19-00

ISSUED BY: MBS

JOB LOCATION: 213 W BARNES AVE

EST. COST: 6800.00

LOT #:

SUBDIVISION NAME:

OWNER: LATHER, LARRY  
ADDRESS: 213 W BARNES AVE  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-2576

AGENT: MR. BUILDER LTD  
ADDRESS: T-297 COUNTY ROAD 15  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-598-8620

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: X ADD'N: ALTER: REMODEL:

WORK INFORMATION

SIZE - LGTH: WIDTH: STORIES: LIVING AREA SF:  
GARAGE AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION

ROOF SHEETING AND SHINGLE REPLACEMENT

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

BUILDING PERMIT

51.00

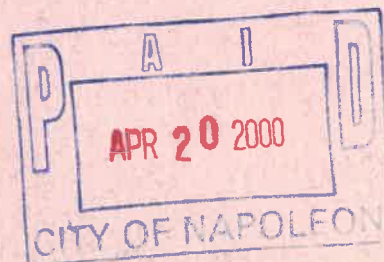
04-19-00

DATE

TOTAL FEES DUE 51.00

*Mr. Builder LTD*

APPLICANT SIGNATURE



DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C. 20535

UNIT OF INVESTIGATION  
100 W. BROADWAY  
NEW YORK, N.Y. 10038

DATE RECEIVED: 12-15-66  
RECEIVED BY: SAC

THE OCCASION: 215 W. BROADWAY  
NY, NY

AGENCY: NEW YORK  
SUBJECT: [Illegible]

OTHER: [Illegible]

RE: [Illegible]

DATE: [Illegible]

BY: [Illegible]

FOR: [Illegible]

THE ASSISTANT ATTORNEY GENERAL

TOTAL VALUE \$100.00  
[Signature]



# CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 12-3-99 JOB LOCATION 213 W BARNES

LOT # \_\_\_\_\_ SUBDIVISION NAME \_\_\_\_\_

OWNER LARRY ZATHER PHONE 592-2576

OWNER ADDRESS 213 W BARNES CITY NAPOLEON ZIP 43545

CONTRACTOR Gampell Painting Powerwash + Roofing PHONE 782-0793

CONTRACTOR ADDRESS 22477 2ND ST CITY Defiance ZIP OH

CONTRACTOR FAX # 782-7667 CELL PHONE (Opt.) \_\_\_\_\_

DESCRIPTION OF WORK TO BE PERFORMED: Remove and Replace shingled Roofing

ESTIMATED COST OF WORK TO BE PERFORMED: 7000<sup>00</sup>/<sub>700</sub>

## 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 [Signature] Date 12-3-99

