## P-16-0275

## CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

DATE 9/19/2016 JOB LOCATION 5 Bauman Place	-		
OWNER John Howe	TE	LEPHON	E# <u>419-599-1406</u>
OWNER ADDRESS 5 Bauman Place, Napoleon, OH 4354.			
CONTRACTORRighle Construction/Hi Tech Foundation	CE	LL PHONE	#_419-212-1916
DESCRIPTION OF WORK TO BE PERFORMED Install helical piers (fordation)			
ESTIMATED COMPLETION DATE ESTIMATED COST \$5.600.00			
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 moma).			
DESCRIPTION		FER	TOTAL COST
Addition & Alterations Square foot in (AFA) x \$0.05 = \$	+	\$25.00 ~	s 25.00
Electrical Circuite in (AFA) x \$3,00/Circuit = \$	+	\$25.00 =	\$
Plumbing Trops in (APA) x \$3.00/Trap = 5	+	\$25,00 =	\$
Siding and/or Reofing	and P de Strangerson	\$25.00	\$
Windows/Degra		\$25.00	S
Decks		\$25.00	\$
Garage and Shed over 206 SF (Detached)		\$25.00	\$
Electrical Service Uperade		\$25.00	S
Water Heater		\$25,00	\$
Farnace and/or AC Replacement	;	\$25.00	\$
MBF (100,3100 A6510)			- 0C M
Decome a transfer of the control of		Spatetel:	125.00
(100,0000,42700) PLUS Ohlo Board of Building Standards	Fee	+ 1%	s. <u>a5</u>
TOTAL FEE: \$ 25.25  ALTERATION OF ANY BUILDING BERUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR FER ORMED UNTIL THE FERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLZON SUILDINGZONING DEPARTMENT.			
hereby carefy 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 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 the code afficial or the code afficial authorized representative shall have the authority to enser areas covered by such permit for Work discribed in this application is issued, I certify that pull-valid to each primit.			
HERERY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE AROYE LISTED INSTRUCTIONS.			
IGNATURE OF APPLICANT: Deltor Riville DAT	/1	26/16	AND
INT NAME: Delton Riehle			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
BATCH# 60 35334 CHRCK# 26467 DAY	TE	9-28-	110