

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: 229

DATE ISSUED: 07-13-00

ISSUED BY: BND

JOB LOCATION: 6 BAUMAN PL

EST. COST: 4370.00

LOT #:

SUBDIVISION NAME:

OWNER: WILSON, ALLEENE
ADDRESS: 6 BAUMAN PL
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-4663

AGENT: DAMMAN PLBG & BTG
ADDRESS: N-033 CO RD 17D
CSZ: OKOLONA, OH 43550
PHONE: 419-758-3116

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: X 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

FURNACE REPLACEMENT AND A/C ADD ON

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

ELECTRICAL PERMIT
MECHANICAL PERMIT

6.00
10.00



TOTAL FEES DUE 16.00

DATE

APPLICANT SIGNATURE

Please complete this form for each job.

Fill areas marked *

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

* DATE 7/12/2000 * JOB LOCATION 6 Baughman Place

LOT # _____ SUBDIVISION NAME _____

* OWNER Aileene Wilson * PHONE 599-4663

* OWNER ADDRESS 6 Baughman Place CITY Napoleon ZIP 43545

* CONTRACTOR Damman Plbg, Htg & AC * PHONE 758-3116

* CONTRACTOR ADDRESS N-033 Co. Rd 1740 * CITY Kolona ZIP 43550

CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____

* DESCRIPTION OF WORK TO BE PERFORMED: replace furnace & A/C

* ESTIMATED COST OF WORK TO BE PERFORMED: \$ 4,370.00

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 Address _____ City _____ Phone _____ Fax _____ St _____ Zip _____

Electrical Contractor Address _____ City _____ Phone _____ Fax _____ St _____ Zip _____

Plumbing Contractor Address _____ City _____ Phone _____ Fax _____ St _____ Zip _____

Heating Contractor Address _____ City _____ Phone _____ Fax _____ St _____ Zip _____

Insulation Contractor Address _____ City _____ Phone _____ Fax _____ 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 Code & 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 Jessica M. Kunder Date 7/12/2000

