

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: 99470

DATE ISSUED: 01-28-00

ISSUED BY: BND

JOB LOCATION: 470 BRIARCLIFF DR

EST. COST: 14000.00

LOT #:

SUBDIVISION NAME:

OWNER: OEHRMAN, PAUL
ADDRESS: 403 W CLINTON ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-5691

AGENT: FITZENRIDER INC
ADDRESS: 827 PERRY ST
CSZ: DEFIANCE, OH 43512
PHONE: 419-784-0828

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:

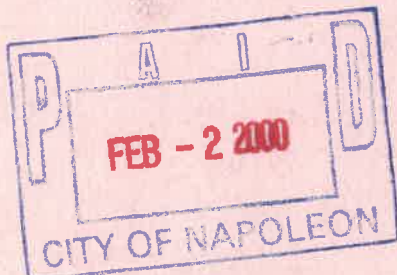
WORK DESCRIPTION
A/C SYSTEM GAS LINES
BASEBOARD H/W UNIT

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
MECHANICAL PERMIT		29.00
ELECTRICAL PERMIT		6.00

TOTAL FEES DUE 35.00

DATE

APPLICANT SIGNATURE



CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE JAN 27, 2000 JOB LOCATION 470 Briarcliff Drive

LOT # _____ SUBDIVISION NAME ANTHONY WAYNE

OWNER Paul Dehrtman PHONE 419-599-5691

OWNER ADDRESS 403 W. Clinton CITY Napoleon ZIP 43545

CONTRACTOR FITZENRIDER INC. PHONE 419-784-0828

CONTRACTOR ADDRESS 827 Perry St. CITY Defiance ZIP 43512

CONTRACTOR FAX # 419-782-7385 CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: Install Central A.C. + Hot Water baseboard in New office.
+ Install gas line to Dryer + stove.

ESTIMATED COST OF WORK TO BE PERFORMED: \$14,000.00

WORK INFORMATION

BUILDING: Basement Floor Area 250 Sq. Ft. 1st Story Living Area 1780 Sq. Ft.
2nd Floor Living Area 550 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 FITZENRIDER INC. 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 Philip D. Fitzenrider Date Jan. 28, 2000

