CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

DATE MAI 23-12 JOB LOCATION 665 BUCKEYE LN 1	JA DOL SO	ow.of
OWNER ASUNS- REU Company	ELEPHON	E#614-530-3670
OWNER ADDRESS BANK Owner Proper	Conta	ch Dustin)
CONTRACTORCELL PHONE #		
DESCRIPTION OF WORK TO BE PERFORMED Replace Roof		
ESTIMATED COMPLETION DATE May 25,12 ESTIMATED COST 5,000.00		
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 rooms).		
DESCRIPTION	FEE	TOTAL COST
BUILDING:		
Decks	\$25.00	\$
Addition & Alterations Square foot in (AFA)x \$0.05 = \$	\$25 .00 =	\$
Garage and Shed over 200 SF (Detached)	\$25.00	\$
Siding and/or Roofing	\$25.00	\$ 25.00
Windows/Doors	\$25.00	\$
ELECTRICAL:		•
Electrical Circuits in (AFA) x \$3.00/Circuit = \$ +	\$25.00 =	\$
Electrical Service Upgrade	\$25.00	\$
MECHANICAL:		
Water Heater	\$25.00	\$
Furnace and/or AC Replacement	\$25.00	\$
PLUMBING:		
Plumbing Traps in (AFA)x \$3.00/Trap +	\$25.00 =	\$
TOTAL plus Ohio Board of Building Standar	ds Fee 1%	\$.25
TO	TAL FEE:	s 25,25
I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON BUILDING/ZONING DEPARTMENT.		
I hereby certify 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 application as hisher authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for Work described in this application is issued. I certify that applicable to such permit.		
I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS,		
SIGNATURE OF APPLICANT: DECLO O. Sol DATE:		
PRINT NAME: BICARDOU. SANCHEZ		
PERMIT#BATCH# 26330 CHECK# COSh	DATE_	5-23-12