

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: 1484

DATE ISSUED: 01-09-03

ISSUED BY: MRD

JOB LOCATION: 75 CAPRI DR

EST. COST: 10245.00

LOT #:

SUBDIVISION NAME:

OWNER: IMBROCK, WALDO
ADDRESS: 75 CAPRI DR
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-2181

AGENT: DILLY DOOR CO
ADDRESS: 850 CARPENTER RD
CSZ: DEFIANCE, OH 43512
PHONE: 419-782-1181

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
GENERAL REMODELING

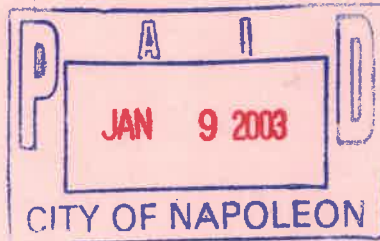
FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

ELECTRICAL PERMIT
PLUMBING PERMIT

15.00
9.00



TOTAL FEES DUE 24.00

1-9-03

DATE

Paul Shalley

APPLICANT SIGNATURE

Complete areas marked *

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

* DATE 1/8/03 * JOB LOCATION 75 CAPRI DRIVE

LOT # _____ SUBDIVISION NAME _____

* OWNER WALDO IMBROCK * PHONE (419) 592-2181

* OWNER ADDRESS 75 CAPRI DR. * CITY NAPOLEON ZIP 43545

* CONTRACTOR DILLY DOOR CO PHONE (419) 782-1181

CONTRACTOR ADDRESS 850 CARPENTER CITY DEFIANCE ZIP 43512

CONTRACTOR FAX # (419) 782-1495 CELL PHONE (Opt.) _____

* DESCRIPTION OF WORK TO BE PERFORMED: ROOFING, ELECTRICAL, PLUMBING, HVAC, CLEANING

* ESTIMATED COST OF WORK TO BE PERFORMED: 10,245.00

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

Electrical Contractor RTC ELECTRIC Phone (419) 428-1514 Fax _____
Address 06379 CHRISTY City DEFIANCE St OH Zip 43512

Plumbing Contractor CEREHIN BLDRS Phone (419) 784-0392 Fax _____
Address 07165 CHRISTY City DEFIANCE St OH Zip 43512

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 _____ * Date _____

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1484

DATE ISSUED: 01-09-2003

JOB LOCATION: 75 CAPRI DR

OWNER: IMBROCK, WALDO

OWNER PHONE: 419-592-2181

CONTRACTOR: DILLY DOOR CO

CONTRACTOR PHONE: 419-782-1181

WORK DESCRIPTION: GENERAL REMODELING

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDDT _____

STRUC _____ ROOF _____ EXT _____

VENT _____ ACCES _____ EGRS _____

SMKDT _____ FINAL _____

ISSUE TEMP OCCUP _____ ISSUE OCCUP _____

STRG SHED: SITE _____ FINAL _____

SIGN: FTG _____ FINAL _____

FENCE: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

INSPECTOR INITIALS: _____