

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: 97403

DATE ISSUED: 10-20-97

ISSUED BY: BND

JOB LOCATION: 332 CAREY ST

EST. COST: 3536.00

LOT #:

SUBDIVISION NAME:

OWNER: HASEMAN, DOUG
ADDRESS: 332 CAREY ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-9636

AGENT: FRAAS HTG & A/C
ADDRESS: 6864 STATE HIGHWAY 66
CSZ: ARCHBOLD, OH 43502
PHONE: 419-445-6406

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

DEPTH - LGTH: WIDTH: STORIES: LIVING AREA SF:
FLOOR AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION
FURNACE REPLACEMENT

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
MECHANICAL PERMIT		5.00

TOTAL FEES DUE 5.00

DATE

APPLICANT SIGNATURE



Atn. Robin

Please fill out areas marked.

APPLICATION FOR Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit

FROM - The City of Napoleon, Ohio, Building Department

255 West Riverview Avenue; P.O. Box 151; Napoleon, Ohio 43545 - Telephone (419) 592-4010

APP NO. _____

PERMIT NO. _____ ISSUED _____ () Building \$ _____ \$ _____ \$ _____

JOB LOCATION 332 Carey St. _____ \$ _____ \$ _____

LOT _____ (Subdivision or Legal Description) _____ \$ _____ \$ _____

ISSUED BY _____ (Building Official) _____ \$ _____ \$ _____

OWNER Doug Haseman PHONE 592-9636 _____ \$ _____ \$ _____

ADDRESS 332 Carey St., Napoleon, OH. 43545 () Sign _____ \$ _____ \$ _____

AGENT Elden Roth Electric PHONE 419/445-6406 () Water T _____ \$ _____ \$ _____

ADDRESS 6864-SH66, Archbold, OH. 43502 () Sewer _____ \$ _____ \$ _____

USE: (X) Residential () Commercial () Industrial () Temp T _____ \$ _____ \$ _____
() Other _____ () Temp F _____ \$ _____ \$ _____

WORK: () New () Addition (X) Replacement () Remodel

ESTIMATED COST = \$ 3536.00

Additional Plan Review: Structure Electric _____ Hours _____

TOTAL FEES \$ _____
Less Fees Paid \$ _____
BALANCE DUE \$ _____

JOB was completed in August

\$5.00 Perm

zoning INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard

Max Height	No. Plur. Spaces	No. Loc. Spaces	Max Cover	Petition or Appeal Required-Date

WORK INFORMATION

Building: Ground Floor Area _____ sq. ft. Basement Floor Area _____ sq. ft.
Garage Floor Area _____ sq. ft. 2nd Floor Area _____ sq. ft. Other _____ sq. ft.
Size: Length _____ Width _____ Stories _____ Height _____
Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: replace gas furnace

Atn. Robin

Please fillout areas marked.

APPLICATION FOR
Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit
FROM - The City of Napoleon, Ohio, Building Department
255 West Riverview Avenue; P.O. Box 151; Napoleon, Ohio 43545 - Telephone (419) 592-4010

ENTRY NO. _____

PERMIT NO. _____ ISSUED _____

JOB LOCATION 332 Carey St.

LOT _____
(Subdivision or Legal Description)

ISSUED BY _____
(Building Official)

OWNER Doug Haseman PHONE 592-9636

ADDRESS 332 Carey St., Napoleon, OH. 43545

AGENT Elden Roth Electric PHONE 419/445-6406

ADDRESS 6864-SH66, Archbold, OH. 43502

USE: Residential Commercial Industrial
 Other _____

WORK: New Addition Replacement Remodel

ESTIMATED COST = \$ 3536.00

	Base	Plus	Total
<input type="checkbox"/> Building	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Electrical	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Plumbing	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Mechanical	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Demolition	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Zoning	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Sign	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Water Tap	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Sewer Tap	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp Water	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp Elec.	\$ _____	\$ _____	\$ _____

Additional Plan Review: Structure _____ Hours _____
Electric _____ Hours _____

TOTAL FEES \$ _____
Less Fees Paid \$ _____
BALANCE DUE \$ _____

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard

Max Height	No. Ply. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required-Date

WORK INFORMATION

Building: Ground Floor Area _____ sq. ft. Basement Floor Area _____ sq. ft.
Garage Floor Area _____ sq. ft. 2nd Floor Area _____ sq. ft. Other _____ sq. ft.
Size: Length _____ Width _____ Stories _____ Height _____
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Description of Work: replace gas furnace

