

9 END 25.25

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

NC2010-50

DATE 12-21-10 JOB LOCATION 920 Chesterfield
 OWNER Tom Weaver TELEPHONE # 592-1935
 OWNER ADDRESS 920 Chesterfield
 CONTRACTOR Edling PLB+HTG CELL PHONE # _____
 DESCRIPTION OF WORK TO BE PERFORMED furnace replacement

ESTIMATED COMPLETION DATE _____ ESTIMATED COST _____

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
Addition & Alterations Square foot in (AFA) x \$0.05 = \$	+	\$25.00 = \$
Electrical Circuits in (AFA) x \$3.00/Circuit = \$	+	\$25.00 = \$
Plumbing Traps in (AFA) x \$3.00/Trap = \$	+	\$25.00 = \$
Siding and/or Roofing		\$25.00 \$
Windows/Doors		\$25.00 \$
Decks		\$25.00 \$
Garage and Shed over 250 SF (Detached)		\$25.00 \$
Electrical Service Upgrade		\$25.00 \$
Water Heater		\$25.00 \$
Furnace and/or AC Replacement		\$25.00 \$ <u>25.00</u>
MBP (100.3100.46510)		Subtotal: \$

(100.0000.42700) PLUS Ohio Board of Building Standards Fee + 1% \$ 25

TOTAL FEE: \$ 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 his/her 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 the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.

SIGNATURE OF APPLICANT: _____ DATE: _____

PRINT NAME: _____

BATCH # 23687 CHECK # 11435 DATE 12-27-10

SCANNED

THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

Mechanical Permit

Permit Number: MC2010-50

Page 1 of 2

Printed: 12/27/2010

ADDRESS:

920 Chesterfield Dr

Applicant

Name: Elling Plumbing & Heating
Address: T 487 ST HWY 108

Approval Date:

419-598-8991

Owners

Name: Tom Weaver
Address: 920 Chesterfield Dr.
Napoleon, OH 43545

Contractors

Contractor Type: HVAC

Name: Elling Plumbing & Heating
Address: T 487 ST HWY 108

Napoleon, OH 43545

Phone: 419-598-8991

Fees and Receipts:

Number	Description	Amount
FEE2010-675	replacing a/c or furnace	\$25.00
FEE2010-676	State 1% fee (Calc)	\$0.25

Total Fees: \$25.25

RCPT2010-433

\$25.25

Total Receipts: \$25.25

furnace replacement

APPLICANTS SIGNATURE: _____ DATE: _____

REMINDER: YOU MUST CALL (419)592-4010 FOR AN INSPECTION
