

PERMIT  
CITY OF NAPOLEON, OHIO - BUILDING DEPARTMENT  
255 West Riverview Avenue, Napoleon, Ohio 43545 - (419) 592-4010

Permit No. <u>3400</u> Issued <u>11/08/94</u> Job Location <u>1080 Clairmont Ave.</u> Lot _____ Issued by <u>Brent N. Damman</u> Owner <u>Jim Koehler</u> Address <u>1080 Clairmont Ave.</u> Agent <u>Meyers Heating 782-4851</u> Address <u>619 5th St. Defiance, OH</u> Use Type - Residential <u>X</u> Other - Describe _____ No. Dwelling Units _____ New <u>Replacement X</u> Add'n. <u>Alter Remodel</u> Mixed Occupancy _____ Change of Occupancy _____ Estimated Cost \$ <u>1,500.00</u>	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">FEES</th> <th style="text-align: right;">BASE</th> <th style="text-align: right;">PLUS</th> <th style="text-align: right;">TOTAL</th> </tr> <tr> <td><input type="checkbox"/> Building</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Electrical</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Plumbing</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Mechanical</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ <b>10.00</b></td> </tr> <tr> <td><input type="checkbox"/> Demolition</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Zoning</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Sign</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Water Tap</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Sew. Insp.</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Sewer Tap</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Temp. Water</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Temp. Elec.</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL FEES.....</td> <td style="text-align: right;">\$ <b>10.00</b></td> </tr> <tr> <td colspan="3" style="text-align: right;">LESS FEES PAID.....</td> <td style="text-align: right;">\$ <b>10.00</b></td> </tr> <tr> <td colspan="3" style="text-align: right;">BALANCE DUE.....</td> <td style="text-align: right;">\$ <b>-0-</b></td> </tr> </table>	FEES	BASE	PLUS	TOTAL	<input type="checkbox"/> Building	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Electrical	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Plumbing	\$ _____	\$ _____	\$ _____	<input checked="" type="checkbox"/> Mechanical	\$ _____	\$ _____	\$ <b>10.00</b>	<input type="checkbox"/> Demolition	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Zoning	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Sign	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Water Tap	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Sew. Insp.	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Sewer Tap	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Temp. Water	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Temp. Elec.	\$ _____	\$ _____	\$ _____	TOTAL FEES.....			\$ <b>10.00</b>	LESS FEES PAID.....			\$ <b>10.00</b>	BALANCE DUE.....			\$ <b>-0-</b>
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**ZONING INFORMATION**

district	lot dimensions	area	front yd	side yd	rear yd
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr

**WORK INFORMATION**

Size: Length \_\_\_\_\_ Width \_\_\_\_\_ Stories \_\_\_\_\_ Ground Floor Area \_\_\_\_\_  
 Height \_\_\_\_\_ Building Volume (for Demo. Permit) \_\_\_\_\_

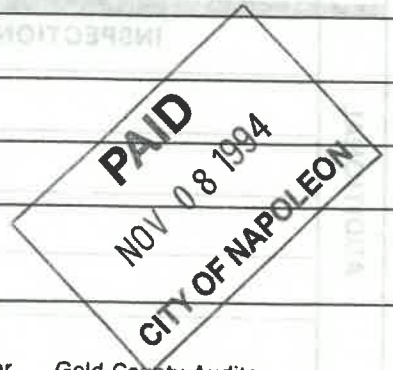
Electrical: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Mechanical: Replace Gas Furnace.

Additional Information: \_\_\_\_\_

Date 11-8-94 Applicant Signature Mark Hall



**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. 3400 ISSUED 11-8-94

JOB LOCATION 1080 Clairmont

LOT \_\_\_\_\_  
(Subdivision or Legal Description)

ISSUED BY BND  
(Building Official)

OWNER Jim Koehler PHONE \_\_\_\_\_

ADDRESS 1080 Clairmont

AGENT Meyers Heating PHONE 782-4851

ADDRESS 1219 Tuendawic

USE:  Residential ( ) Commercial ( ) Industrial  
( ) Other \_\_\_\_\_

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

ESTIMATED COST = \$ ?? 1500.00

		<u>Base</u>	<u>Plus</u>	<u>Total</u>
( ) Building	\$	_____	\$	_____
( ) Electrical	\$	_____	\$	_____
( ) Plumbing	\$	_____	\$	_____
<input checked="" type="checkbox"/> Mechanical	\$	_____	\$	_____ \$ <u>10<sup>00</sup></u>
( ) Demolition	\$	_____	\$	_____
( ) Zoning	\$	_____	\$	_____
( ) Sign	\$	_____	\$	_____
( ) Water Tap	\$	_____	\$	_____
( ) Sewer Tap	\$	_____	\$	_____
( ) Temp Water	\$	_____	\$	_____
( ) Temp Elec.	\$	_____	\$	_____

Additional Plan Review: Structure \_\_\_\_\_ Hours \_\_\_\_\_  
Electric \_\_\_\_\_ Hours \_\_\_\_\_

TOTAL FEES . . . . . \$ 10<sup>00</sup>  
 Less Fees Paid . . . . . \$ \_\_\_\_\_  
 BALANCE DUE . . . . . \$ \_\_\_\_\_

**ZONING INFORMATION**

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard

Max Height	No. Pkg. 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 \_\_\_\_\_

Building Volume (for Demolition Permit) \_\_\_\_\_ cubic feet

Description of Work: Replace a Gas Furnace

