CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

DATE 12/1/19 JOB LOCATION 1095 CL	armont Aue		
		TELEPHONE #	
OWNER ADDRESS 1095 Claimont Ave		Call In	
CONTRACTOR Jin Speiser Elect	CELL PHON	1E# 419-262-7121	
DESCRIPTION OF WORK TO BE PERFORMED	new Sorage		
ESTIMATED COMPLETION DATE 12- 10-16	ESTIMATED COST	1200.00	
Affected Floor Area (AFA): In existing structures, it is the area affected by the i only the room and not all the rooms).	mprovement, i.e. a new wall divid	ding a room (the AFA would be	
DESCRIPTION	FEE	TOTAL COST	
BUILDING:			
Decks	\$25.00	\$	
Addition & Alterations Square foot in (AFA)x \$0.05 = 5	+ \$25.00	= \$	
Garage and Shed over 200 SF (Detached)	\$25.00	\$	
Siding and/or Roofing	\$25.00	\$	
Windows/Doors	\$25.00	S	
ELECTRICAL:			
Electrical Circuits in (AFA) x \$3.00/Circuit =	<u> 9.00</u> + \$25.00	= \$ 25.00	
Electrical Service Upgrade	\$25.00	\$	
MECHANICAL:			
Water Heater	\$25.00	3	
Furnace and/or AC Replacement	\$25.00	0 \$	
PLUMBING:			
Plumbing Traps in (AFA) x \$3.00/Trap =	\$+ \$25.00	0= \$	
TOTAL plus Ohio Board	of Building Standards Fee 1	% s 43	
	TOTAL FE	. 42 42	
I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO US PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF	ALTERATION, ELECTRICAL OR ME E OF THE ABOVE SHALL BE UNDE	CHANICAL INSTALLATION OF	
I hereby certify that I am the Owner of the named property, or that the proposed work is authorized by application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction the code official or the code official's authorized representative shall have the authority to enter areas applicable to such permit.	n. In addition, if a permit for Work describ	red in this application is issued. I certify that	
I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAN	D THE ABOVE LISTED INSTRU	CTIONS.	
SIGNATURE OF APPLICANT:	DATE: 11-30)-16	
PRINT NAME: J. Bret Sperin			
PERMIT # BATCH #	CHECK # DAT	re_11-30-16	