

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: 99472

DATE ISSUED: 01-28-00

ISSUED BY: BND

JOB LOCATION: 815 CLAIRMONT AVE

EST. COST: 4675.00

LOT #:

SUBDIVISION NAME:

OWNER: REBEAU, E.I.
ADDRESS: 815 CLAIRMONT AVE
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-8561

AGENT: TRI-COUNTY ROOFING I
ADDRESS: 13771 CO RD 162
CSZ: PAULDING, OH 45879
PHONE: 419-399-3964

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

REMODEL
PLBG, ELEC, MISC

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

BUILDING PERMIT

47.00

TOTAL FEES DUE 47.00

DATE

APPLICANT SIGNATURE



DIVISION OF REVENUE & FINANCE
PO BOX 1000
TAMPA FL 33601

CITY OF TAMPA
100 N. GORRISON AVE
TAMPA FL 33604

PROPERTY TAX
ISSUED BY THE
COUNTY CLERK

PROPERTY TAX
AGENCY: THE COUNTY CLERK
ADDRESS: 100 N GORRISON AVE
TAMPA FL 33604

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CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 1/24/00

JOB LOCATION 815 Clairmont Ave

LOT # _____

SUBDIVISION NAME _____

OWNER Anita Rebeau

PHONE 592-4582

OWNER ADDRESS 815 Clairmont Ave

CITY Napoleon

ZIP 43545

CONTRACTOR Tri-County Roofing Inc

PHONE 419-399-3964

CONTRACTOR ADDRESS 13771 CR 1162

CITY Paulding

ZIP 45879

CONTRACTOR FAX # 419-399-91662

CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: electrical + plumbing

ESTIMATED COST OF WORK TO BE PERFORMED: 4,675-

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 _____

Address _____

City _____

Phone _____

St _____

Fax _____

Zip _____

Electrical Contractor _____

Address _____

City _____

Phone _____

St _____

Fax _____

Zip _____

Plumbing Contractor _____

Address _____

City _____

Phone _____

St _____

Fax _____

Zip _____

Heating Contractor _____

Address _____

City _____

Phone _____

St _____

Fax _____

Zip _____

Insulation Contractor _____

Address _____

City _____

Phone _____

St _____

Fax _____

Zip _____

Other Contractor attach information.

ZONING INFORMATION (to be completed by City):

Lot Area _____

FRSB _____

SYSB _____

RYSB _____

Lot Dimensions _____

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 Ronda Smith

Date 1/24/00

