

P E R M I T

CITY OF NAPOLEON
55 W. RIVERVIEW AVE
NAPOLEON, OHIO 43545

DIVISION OF BUILDING & ZONING
PH (419) 592-4010
FAX (419) 599-8393

PERMIT NO: 1447

DATE ISSUED: 12-20-02

ISSUED BY: MRD

JOB LOCATION: 935 CLAIRMONT AVE

EST. COST:

LOT #:

SUBDIVISION NAME:

OWNER: SICKMILLER, JAMES
ADDRESS: 935 CLAIRMONT AVE
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-3371

AGENT: BOB CORDES PLUMBING
ADDRESS: 17-706 CO RD Q-1
CSZ: NAPOLEON, OH 43545
PHONE: 419-758-3162

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:

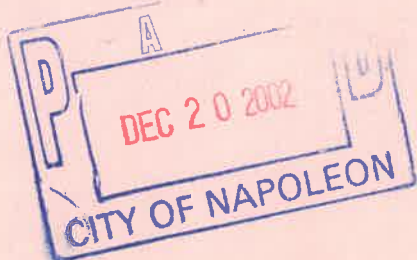
WORK DESCRIPTION
REPAIRING SEWER

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
SEWER PERMIT		25.00

TOTAL FEES DUE 25.00

DATE

APPLICANT SIGNATURE



CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1447

DATE ISSUED: 12-20-2002

JOB LOCATION: 935 CLAIRMONT AVE

OWNER: SICKMILLER, JAMES

OWNER PHONE: 419-592-3371

CONTRACTOR: BOB CORDES PLUMBING

CONTRACTOR PHONE: 419-758-3162

WORK DESCRIPTION: REPAIRING SEWER

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

 SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

 FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

 SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDT _____

 STRUC _____ ROOF _____ EXT _____

 VENT _____ ACCES _____ EGRS _____

 SMKDT _____ FINAL _____

 ISSUE TEMP OCCUP _____ ISSUE OCCUP _____

STRG SHED: SITE _____ FINAL _____

SIGN: FTG _____ FINAL _____

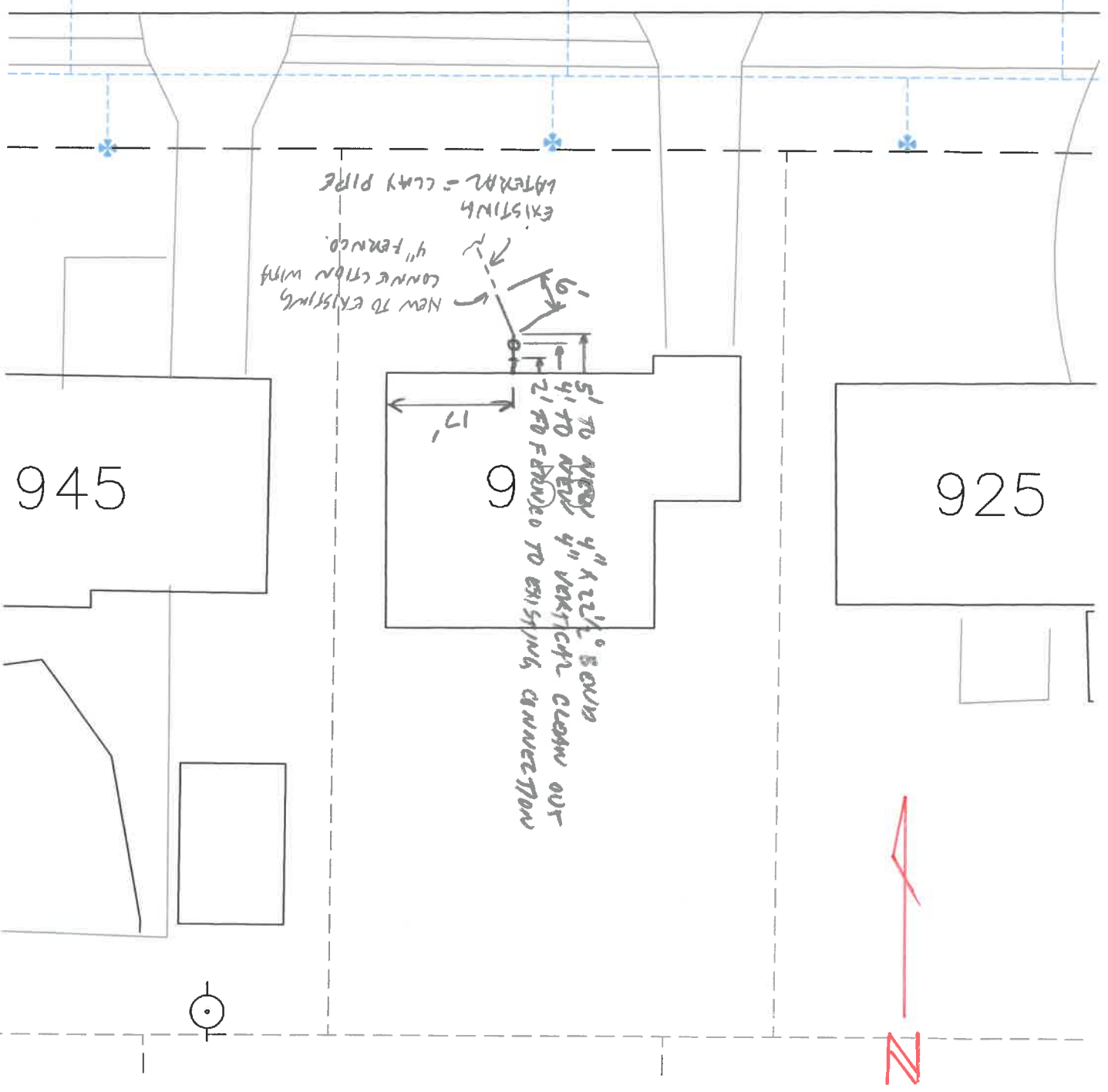
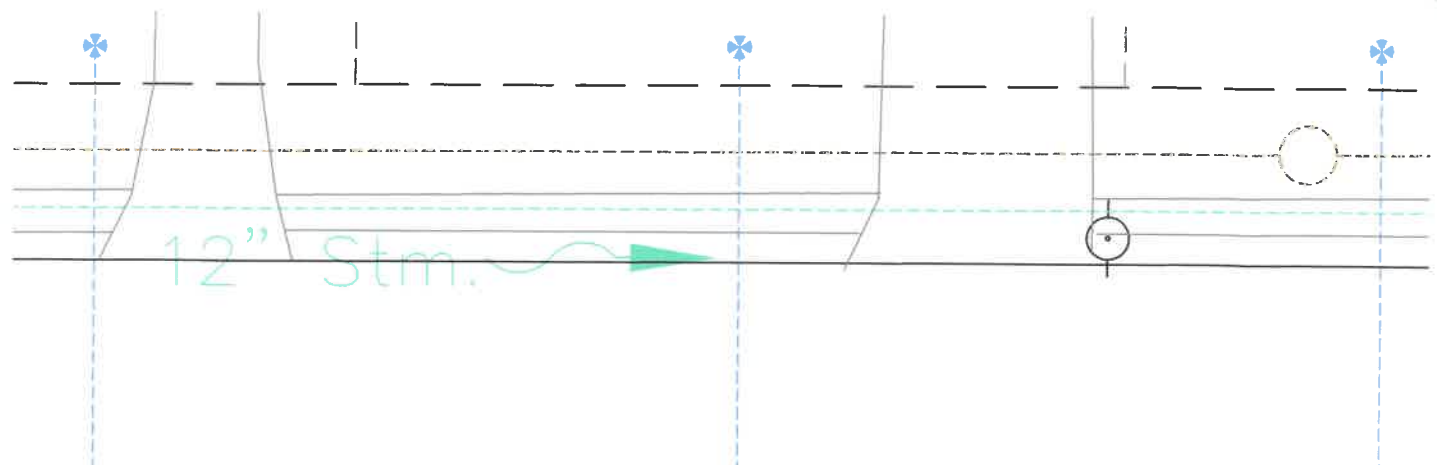
FENCE: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

INSPECTOR INITIALS: _____







Tap for 935 + 945 Clairmont

