

PERMIT

City of Napoleon
255 W. Riverview
Napoleon, OH 43545

Division of Building and Zoning
PH (419) 592-4010
FAX (419) 599-8393

Permit No: 002475

Date Issued: 11-29-04

Issued by: MBS

Job Location: 965 CLAIRMONT AVE

Est. Cost:

Lot #:

Subdivision Name:

Owner: KENNEDY, MARILYN
Address: 965 CLAIRMONT AVE
CSZ: NAPOLEON, OH 43545
Phone: 419-592-4711

Agent: CONCRETE SPECIALIST
Address: 5-943 SR 110
CSZ: NAPOLEON, OH 43545
Phone: 419-392-8889

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:

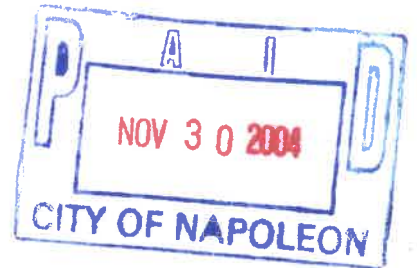
Work Type – New: Replmnt: Addn'n: Alter: Remodel:

WORK INFORMATION

Size - Lgth: Width: Stories: Living Area SF:
Garage Area SF: Height: Bldg Vol Demo Permit:

WORK DESCRIPTION
REPAIRING PLUMBING

FEE DESCRIPTION PAID DATE FEE AMOUNT DUE
PLUMBING PERMIT 10.00



Total Fees Due 10.00

11/29/04

Date

[Signature]
Applicant Signature

City of Napoleon Inspection Form

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Permit #002475

Date Issued: 11-29-2004

Job Location: 965 CLAIRMONT AVE

Owner: KENNEDY, MARILYN

Owner Phone: 13483

Contractor:

Contractor Phone:

Work Description: PL

Plumbing: UNDGR _____ RGHIN _____ FINAL _____
 SEWER INSP 11-30-04

Mechanical: UNDGR _____ RGHIN _____ FINAL _____
 FURNACE REPLAC _____ AIR COND _____

Electrical: UNDGR _____ RGHIN _____ FINAL _____
 SEVR UPGR _____

Building: Site _____ FTG _____ FNDDT _____
 STRU _____ ROOF _____ EXT _____
 VENT _____ ACCES _____ EGRS _____
 SMKDT _____ FINAL _____
 ISSUE TEMP OCCUP _____ ISSUE OCCUP _____

STGE Shed: SITE _____ FINAL _____

Sign: FTG _____ FINAL _____

Fence: SITE _____ FINAL _____

DRIVEWAY: _____ SIDEWALK: _____

MISC INSP: _____

NOTES:

INSPECTORS INITIALS: TZ

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

DATE: 11-24-04 JOB LOCATION: 965 W Clairmont

OWNER: Marilyn Kennedy PHONE: 592-4711

OWNER ADDRESS: 965 W Clairmont CITY: Nap ZIP: 43545

CONTRACTOR: Concrete Specialist PHONE: 419-488-7468

CONTRACTOR LICENSED WITH THE CITY OF NAPOLEON?: YES: X NO: _____

DESCRIPTION OF WORK TO BE PERFORMED: Sanitary Repair

ESTIMATED COST OF WORK TO BE PERFORMED: -0-

PLEASE MARK THE TYPE OF WORK YOU WILL BE PERFORMING

- | | |
|--|--|
| <input type="checkbox"/> A/C ADD ON | <input type="checkbox"/> REMODELING |
| <input type="checkbox"/> BOILER REPLACEMENT | <input type="checkbox"/> ROOFING |
| <input type="checkbox"/> CURBING | <input checked="" type="checkbox"/> SEWER REPAIRS |
| <input type="checkbox"/> DECKS * | <input type="checkbox"/> SIDEWALK* |
| <input type="checkbox"/> DRIVEWAY* | <input type="checkbox"/> SIDING |
| <input type="checkbox"/> ELECTRICAL SERVICE UPGRADE
_____ # of new circuits | <input type="checkbox"/> SIGN |
| <input type="checkbox"/> ELECTRICAL SERVICE NEW
_____ # of circuits | <input type="checkbox"/> STORAGE SHED* |
| <input type="checkbox"/> FENCE* | <input type="checkbox"/> STREET BOND |
| <input type="checkbox"/> ADDITIONS* | <input type="checkbox"/> SWIMMING POOL* |
| <input type="checkbox"/> FURNACE REPLACEMENT | <input type="checkbox"/> TEMP ELECTRIC |
| <input type="checkbox"/> FURNACE NEW | <input type="checkbox"/> WATER TAP |
| <input type="checkbox"/> LAWN METER | <input type="checkbox"/> WINDOWS
_____ # of windows |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ZONING |
| <input type="checkbox"/> OTHERS: _____ | |

*PLEASE MAKE A PICTURE ON REVERSE SIDE SHOWING MEASUREMENTS FROM EXISTING STRUCTURES AND PROPERTY LINES. INDICATING THE TYPE OF WORK YOU WISH TO PERFORM.