

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: 99341

DATE ISSUED: 09-21-99

ISSUED BY: BND

JOB LOCATION: 321 CLIFF ST

EST. COST: 2831.00

LOT #:

SUBDIVISION NAME:

OWNER: BEECH, LINDA
ADDRESS: 321 CLIFF ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-9961

AGENT: DAMMAN PLEB & HTG
ADDRESS: N-033 CO RD 17D
CSZ: OKOLONA, OH 43550
PHONE: 419-758-3116

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:
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WORK INFORMATION

SIZE - LGTH:	WIDTH:	STORIES:	LIVING AREA SF:
GARAGE AREA SF:	HEIGHT:	BLDG VOL DEMO PERMIT:	

WORK DESCRIPTION
FURNACE REPLACEMENT

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
MECHANICAL PERMIT	09-28-99	5.00

TOTAL FEES DUE 5.00

DATE

APPLICANT SIGNATURE

Please complete this form for each job.

Fill areas marked *

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

* DATE 9/20/99 * JOB LOCATION 321 Cliff St.

LOT # _____ SUBDIVISION NAME _____

* OWNER Linda Beech * PHONE 599-9961

* OWNER ADDRESS 321 cliff street * CITY Napoleon * ZIP 43545

* CONTRACTOR Dammann Plog, Htg, A/C * PHONE 758-3116

* CONTRACTOR ADDRESS N-033 Co. Rd 170 * CITY Okolona * ZIP 43550

CONTRACTOR FAX # 758-3115 CELL PHONE (Opt.) _____

* DESCRIPTION OF WORK TO BE PERFORMED: Install American Standard Furnace

* ESTIMATED COST OF WORK TO BE PERFORMED: \$ 2831.00

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 _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Electrical Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Plumbing Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Heating Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Insulation Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Other Contractor attach information.

ZONING INFORMATION (to be completed by City): District _____ Lot Dimensions _____
Lot Area _____ FRSB _____ SYSB _____ RYSB _____ Max Ht _____ ft Max Cov _____ %

I, by signing below agree to comply with all applicable City of Napoleon Codes as Ordinance 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 department of the City of Napoleon.

* Applicant Signature Jessica Kitcher * Date 9/20/99