

*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: 002335

Date Issued: 08-16-04

Issued by: BND

Job Location: 230 E CLINTON ST

Est. Cost: 500.00

Lot #:

Subdivision Name:

Owner: TONJES, JAMES  
Address: 825 HOBSON ST  
CSZ: NAPOLEON, OH 43545  
Phone: 419-592-6085

Agent: JT'S BLDG MAINT & CO  
Address: 825 HOBSON ST  
CSZ: NAPOLEON, OH 43545  
Phone: 419-592-6085

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:
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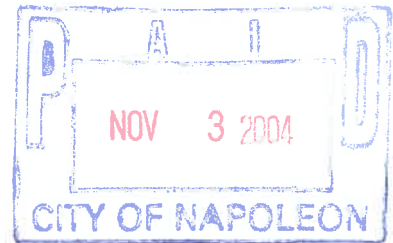
**WORK INFORMATION**

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

**WORK DESCRIPTION**  
SIDEWALK REPLACE

<b>FEE DESCRIPTION</b>	<b>PAID DATE</b>	<b>FEE AMOUNT DUE</b>
SIDEWALK REPLACEMENT		6.25

Total Fees Due 6.25



Date

*[Signature]*  
Applicant Signature

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ZONING INFORMATION

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Max HT:	# Pkg	Spaces:	# Loading SP:	Max Lot Cov:	

BOARD OF ZONING APPEALS:

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

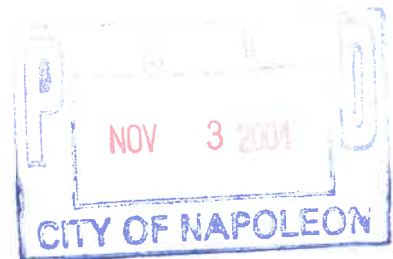
Size - Lgth:	Width:	Stories:	Living Area SF:
Garage Area SF:	Height:	Bldg Vol Demo Permit:	

WORK DESCRIPTION  
SIDEWALK REPLACE

*NO SITE PERM*

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
SIDEWALK REPLACEMENT		6.25

Total Fees Due 6.25



Date

*[Signature]*  
Applicant Signature

**CITY OF NAPOLEON GENERAL PERMIT APPLICATION**  
 THIS APPLICATION IS FOR RESIDENTIAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL,  
 PLUMBING, MECHANICAL, DEMILITIONS, REMODELING

Date 8-6-04 Job Location 230 E CLINTON  
 Owner JAMES TANJES Phone 419-592-6085  
 Owner Address 825 HOBSON ST City NAPOLEON Zip 43545  
 Contractor JT Building Phone 419-592-6085  
 Description of work to be performed Sidewalk Replacement

Estimated cost of work to be performed \_\_\_\_\_

Please indicate the type of work you will be performing by

- |   |  |
|---|--|
| <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 type="checkbox"/> Sewer Repairs       |
| <input type="checkbox"/> Decks                      | <input checked="" type="checkbox"/> Sidewalk |
| <input type="checkbox"/> Driveway                   | <input type="checkbox"/> Siding              |
| <input type="checkbox"/> Electrical Service Upgrade | <input type="checkbox"/> Sign                |
| <input type="checkbox"/> Electrical Service New     | <input type="checkbox"/> Storage Shed        |
| <input type="checkbox"/> Fence                      | <input type="checkbox"/> Street Bond         |
| <input type="checkbox"/> Foundation                 | <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             |
| <input type="checkbox"/> Plumbing                   | <input type="checkbox"/> Zoning              |
| <input type="checkbox"/> Others                     |  |

\_\_\_\_\_ Permit Number

# 6.25

**City of Napoleon Inspection Form**

Permit #

Date Issued: 08-16-2004

**Job Location: 230 E CLINTON ST**

Owner: TONJES, JAMES

Owner Phone: 13378

Contractor:

Contractor Phone:

Work Description: SW

Plumbing:    UNDGR \_\_\_\_\_           RGHIN \_\_\_\_\_           FINAL \_\_\_\_\_

                  SEWER INSP \_\_\_\_\_

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: 8-16 \_\_\_\_\_

MISC INSP: \_\_\_\_\_

NOTES:

INSPECTORS INITIALS: BMK