

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: 1239

DATE ISSUED: 07-19-02

ISSUED BY: MRD

JOB LOCATION: 304 E CLINTON ST

EST. COST: 6500.00

LOT #:

SUBDIVISION NAME:

OWNER: TONJES, JAMES
ADDRESS: 910 HOBSON ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-6731

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: 12L SYRD: 7R RYRD: 10
MAX HT: # PKG SPACES: # LOADING SP: MAX LOT COV:

BOARD OF ZONING APPEALS:

WORK TYPE - NEW: X REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION
NEW GARAGE 24X24

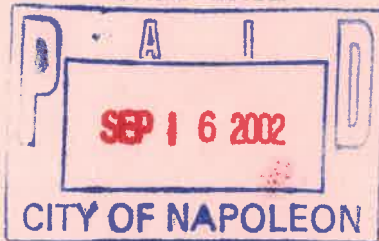
FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

BUILDING PERMIT

51.00



TOTAL FEES DUE

51.00

DATE

APPLICANT SIGNATURE

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE _____ JOB LOCATION 304 E. CLINTON 1 1/2' off L side
LOT # _____ SUBDIVISION NAME _____ 10 off rear
OWNER JIM TONJES PHONE _____ 7 off R side
OWNER ADDRESS JERRY TONJES CITY _____ ZIP _____
CONTRACTOR _____ PHONE _____
CONTRACTOR ADDRESS _____ CITY _____ ZIP _____
CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____
DESCRIPTION OF WORK TO BE PERFORMED: 24x24 GARAGE - SEE JERRY FOR PLACEMENT
ESTIMATED COST OF WORK TO BE PERFORMED: \$10500.00

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 _____

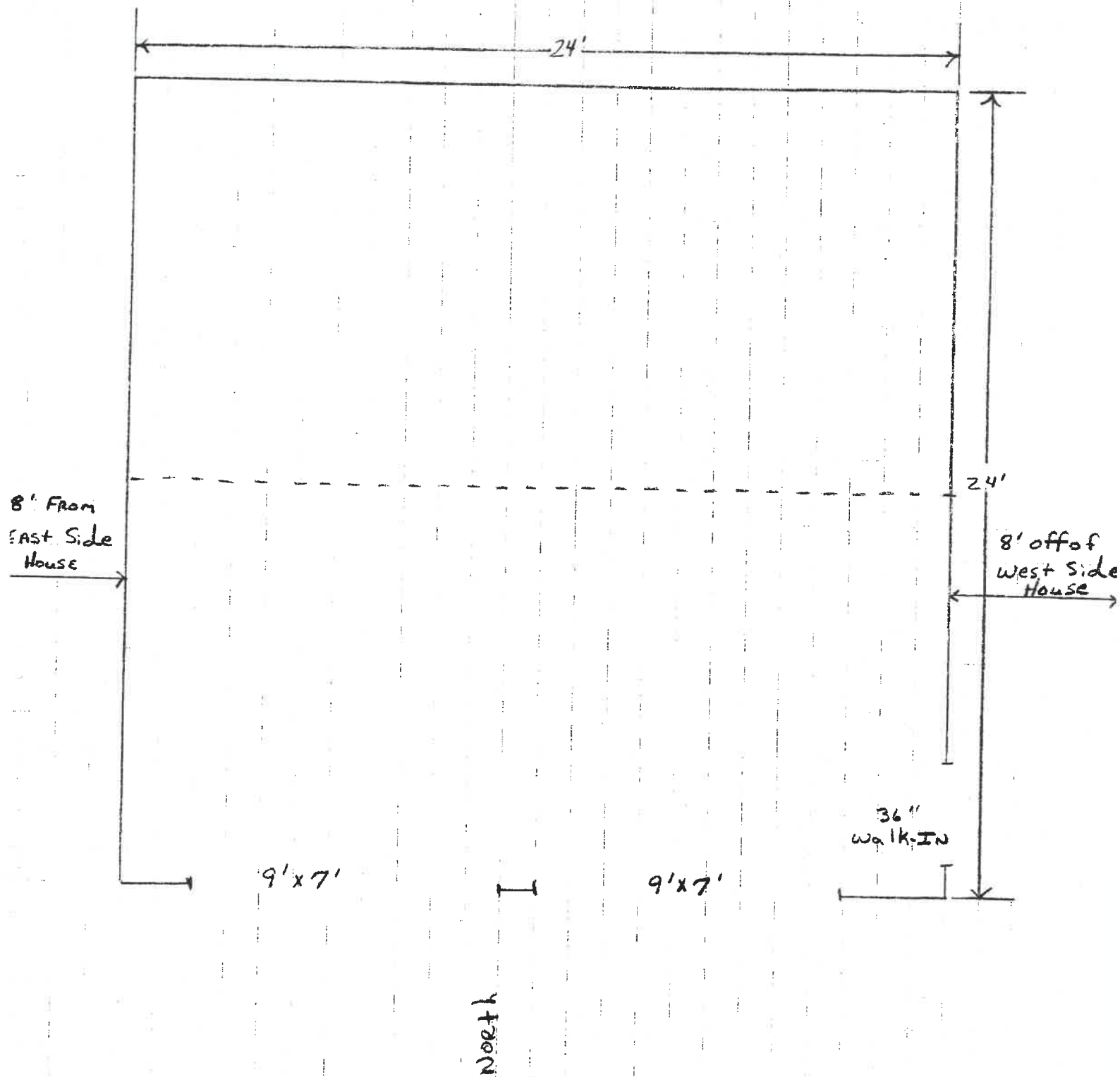
Other Contractor attach information.

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 & 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 _____ Date _____

304 E. Clinton
24' x 24' Garage



CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1239

DATE ISSUED: 07-19-2002

JOB LOCATION: 304 E CLINTON ST

OWNER: TONJES, JAMES

OWNER PHONE: 419-592-6731

CONTRACTOR: JT'S BLDG MAINT & CONSTR

CONTRACTOR PHONE: 419-592-6085

WORK DESCRIPTION: NEW GARAGE 24X24

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

SERV UPGR _____

BUILDING: SITE 2-22 FTG 2-22 FNDDT 7-25

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: _____