CITY OF NAPOLEON GENERAL PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL & REMODELING

DATE 1016/16 JOB LOCATION 315 EAS	+ Clinton Street
OWNER Tonjes Pentals	TELEPHONE #
OWNER ADDRESS	
CONTRACTOR Scott unguer PEH	CELL PHONE # 4/9-969-4589
DESCRIPTION OF WORK TO BE PERFORMED Wafe	r Heater Change Out
ESTIMATED COMPLETION DATE 10/66/16	ESTIMATED COST # 1000.
Affected Floor Area (AFA): In existing structures, it is the area affected by the improvement, i.e. a new wall dividing a room (the AFA would be only the room and not all the rooms).	
DESCRIPTION	FEE TOTAL COST
BUILDING:	
Decks	\$25.00 \$
Addition & Alterations Square foot in (AFA)x \$0.05	= \$ + \$25.00 = \$
Garage and Shed over 200 SF (Detached)	\$25.00 \$
Siding and/or Roofing	\$25.00 \$
Windows/Doors	\$25.00 \$
ELECTRICAL:	
Electrical Circuits in (AFA) x \$3.00/Circuit	= \$ + \$25.00 = \$
Electrical Service Upgrade	\$25.00 \$
MECHANICAL:	
Water Heater	\$25.00 \$
Furnace and/or AC Replacement	\$25.00 \$ 250
PLUMBING:	0.
Plumbing Traps in (AFA)x \$3.00/Trap	= \$ + \$25.00 = \$
TOTAL plus Ohio Bo	oard of Building Standards Fee 1% \$, 25
	TOTAL FEE: \$ 25 25
I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON BUILDING/ZONING DEPARTMENT.	
I hereby certify that I am the Owner of the named property, or that the proposed work is authorized application as his/her authorized agent and I agree to conform to all applicable laws of the jurise the code official or the code official's authorized representative shall have the authority to enter applicable to such permit.	liction. In addition if a nermit for Work described in this application is issued 2 and 4 that
I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.	
SIGNATURE OF APPLICANT: A.G. Sector	DATE: 10/6/16
PRINT NAME: I sickere A. Schniple	
PERMIT # BATCH # 35064	CHECK # 4523 DATE 10.06-16

P-16-0287