

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: 776

DATE ISSUED: 09-05-01

ISSUED BY: SKE

JOB LOCATION: 340 E CLINTON ST

EST. COST: 9000.00

LOT #:

SUBDIVISION NAME:

OWNER: HOPE SERVICES
ADDRESS: 115 NORTHCREST
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-2892

AGENT: ELLERBROCK HTG & A/C
ADDRESS: 13055 DOHONEY RD
CSZ: DEFIANCE, OH 43512
PHONE: 419-782-1834

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: X REPLMNT: X ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION
NEW/REPL FURNACE

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

ELECTRICAL PERMIT
MECHANICAL PERMIT

6.00
23.00



TOTAL FEES DUE

29.00

9-5-2001

DATE

[Handwritten Signature]

APPLICANT SIGNATURE

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 776

DATE ISSUED: 09-05-2001

JOB LOCATION: 340 E CLINTON ST

OWNER: HOPE SERVICES

OWNER PHONE: 419-599-2892

CONTRACTOR: ELLERBROCK HTG & A/C

CONTRACTOR PHONE: 419-782-1834

WORK DESCRIPTION: NEW/REPL FURNACE

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

 SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

 FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

 SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDDT _____

 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: _____

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE _____ JOB LOCATION 340 E CLINTON

LOT # _____ SUBDIVISION NAME _____

OWNER HOPE SERVICES PHONE (419) 599-2892

OWNER ADDRESS 115 N Crest CITY NAPOLEON OH ZIP 43545

CONTRACTOR Ellerbrocks Heating & Air PHONE _____

CONTRACTOR ADDRESS 13055 Dohoney Rd CITY DeFiance OH ZIP 43512

CONTRACTOR FAX # (419)-782-7919 CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: 2 Furnices 1 A/c

ESTIMATED COST OF WORK TO BE PERFORMED: 9,000⁰⁰

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 Ellerbrocks Heating & Air Phone 782-1834 Fax 782-7919
Address 13055 Dohoney Rd City DeFiance St OH Zip 43512

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 _____

ME - 03
EL 6

