

PERMIT  
 CITY OF NAPOLEON, OHIO - BUILDING DEPARTMENT  
 255 West Riverview Avenue, Napoleon, Ohio 43545 - (419) 592-4010

Permit No. 2533 Issued 1-2-92

Job Location 213 West Clinton

Lot \_\_\_\_\_

Issued by Brent N. Damman

Owner Mary Genuit

Address 213 West Clinton

Agent Jim Speiser & Sons 599-1846

Address Rt. 2, Napoleon, Ohio

Use Type - Residential xxx

Other - Describe \_\_\_\_\_

No. Dwelling Units 1

New \_\_\_\_\_ Replacement \_\_\_\_\_

Add'n. \_\_\_\_\_ Alter \_\_\_\_\_ Remodel xxx

Mixed Occupancy \_\_\_\_\_

Change of Occupancy \_\_\_\_\_

Estimated Cost \$ 1000.00

FEES	BASE	PLUS	TOTAL
<input type="checkbox"/> Building	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Electrical	\$ 10.00	\$ _____	\$ 10.00
<input type="checkbox"/> Plumbing	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Mechanical	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Demolition	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Zoning	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Sign	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Water Tap	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Sew. Insp.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Sewer Tap	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp. Water	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp. Elec.	\$ _____	\$ _____	\$ _____
TOTAL FEES.....			\$ 10.00
LESS FEES PAID.....			\$ _____
BALANCE DUE.....			\$ 10.00

**ZONING INFORMATION**

district	lot dimensions		area	front yd	side yd	rear yd
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr	

**WORK INFORMATION**

Size: Length \_\_\_\_\_ Width \_\_\_\_\_ Stories \_\_\_\_\_ Ground Floor Area \_\_\_\_\_

Height \_\_\_\_\_ Building Volume (for Demo. Permit) \_\_\_\_\_


Electrical: Remodel electrical service and panel.

Plumbing: \_\_\_\_\_

Mechanical: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**PAID**

Date 1-2-92 Applicant Signature 

JAN 03 1992  
 CITY OF NAPOLEON



APPLICATION  
for  
RESIDENTIAL BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, PERMITS and DEMOLITION PERMIT  
from the

CITY OF NAPOLEON - BUILDING DEPARTMENT

255 West Riverview Ave. Napoleon, Ohio 43545 Pn. 419-592-4010

Entry No. \_\_\_\_\_

Permit No. 2533 Issued 1-2-91

Job Location 213<sup>1/2</sup> Clinton

Lot \_\_\_\_\_

Issued By B.N. sub-div. or legal disc. \_\_\_\_\_

Owner Mary Genist building official \_\_\_\_\_ Pn \_\_\_\_\_

Address 213 w. Clinton

Agent Jim Speiser Son's Pn 599-1846

Address RR#2 Napoleon

Description of Use Residential

Residential \_\_\_\_\_ no. dwelling units \_\_\_\_\_

Commercial \_\_\_\_\_ Industrial \_\_\_\_\_

New \_\_\_\_\_ Add'n. \_\_\_\_\_ Alter \_\_\_\_\_ Remodel X

Mixed Occupancy \_\_\_\_\_

Change of Occupancy \_\_\_\_\_

Estimated Cost \$ 1000.00

Ch. Permits Reg.	Base	Fees Plus	Total
<input type="checkbox"/> Building	_____	_____	_____
<input checked="" type="checkbox"/> Electrical	_____	_____	<u>10.00</u>
<input type="checkbox"/> Plumbing	_____	_____	_____
<input type="checkbox"/> Mechanical	_____	_____	_____
<input type="checkbox"/> Demolition	_____	_____	_____
<input type="checkbox"/> Zoning	_____	_____	_____
<input type="checkbox"/> Sign	_____	_____	_____
<input type="checkbox"/> Water tap	_____	_____	_____
<input type="checkbox"/> Sewer Tap	_____	_____	_____
<input type="checkbox"/> Temp. Water	_____	_____	_____
<input type="checkbox"/> Temp. Elec.	_____	_____	_____

Additional struc. \_\_\_\_\_ hrs  
 plan review Elect. \_\_\_\_\_ hrs  
 Total Fees..... 10.00  
 Less Min. Fees Pd. \_\_\_\_\_  
 date \_\_\_\_\_  
 Balance Due..... \_\_\_\_\_

**ZONING INFORMATION**

district	lot dimensions	area	front yd	side yds.	rear yd
_____	_____	_____	_____	_____	_____
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd.	date appr
_____	_____	_____	_____	_____	_____

**WORK INFORMATION:**

**BUILDING:** Garage Fl. Area \_\_\_\_\_ Basement Fl. Area \_\_\_\_\_ Second Floor Area \_\_\_\_\_  
 Size: Length \_\_\_\_\_ Width \_\_\_\_\_ Stories \_\_\_\_\_ Ground Floor Area \_\_\_\_\_  
 Height \_\_\_\_\_ Building Volume (for deas. permit) \_\_\_\_\_ cu. ft.

Description of Work: Remodel electrical service + panel

