

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: 184

DATE ISSUED: 06-16-00

ISSUED BY: MBS

JOB LOCATION: 331 W CLINTON ST

EST. COST: 8900.00

LOT #:

SUBDIVISION NAME:

OWNER: MCCOLLEY, MICHAEL
ADDRESS: 331 W CLINTON ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-6258

AGENT: FRAME TO FINISH CONS
ADDRESS: G041 CO RD 16
CSZ: HOLGATE, OH 43527
PHONE: 419-264-8285

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: ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION
FENCE (W&E&S SIDES)

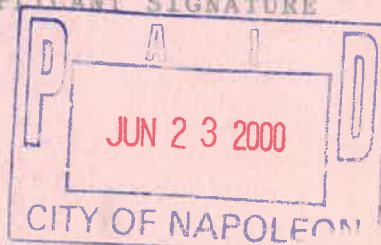
FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		55.00

TOTAL FEES DUE 55.00

6-23-00

DATE

APPLICANT SIGNATURE



CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 6-23-00 JOB LOCATION 331 West Clinton

LOT # 331 SUBDIVISION NAME _____

OWNER Mike McCollery PHONE _____

OWNER ADDRESS 331 West Clinton CITY Napoleon ZIP 43545

CONTRACTOR Frame To Finish const LTD PHONE 264-9255

CONTRACTOR ADDRESS 6-041 Rd 16 CITY Holtsville ZIP 011

CONTRACTOR FAX # _____ CELL PHONE (Opt.) 438-7133

DESCRIPTION OF WORK TO BE PERFORMED: Fence.

ESTIMATED COST OF WORK TO BE PERFORMED: \$ 8,900.00

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 [Signature] Date 6-23-00

340

342

314
Clinton

317
341

323

331

Taylor

403 W. Clinton

411
413

720
722
2 A E

5
7pc.

711

331

404

