

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: 1665 DATE ISSUED: 06-10-03 ISSUED BY: BND
JOB LOCATION: 344 W CLINTON ST EST. COST: 2500.00

LOT #: SUBDIVISION NAME:

OWNER: HOCKMAN, RICHARD
ADDRESS: 342 W CLINTON ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-3441

AGENT: HOLTGATE LUMBER CO.
ADDRESS: 215 LEE ST
CSZ: HOLTGATE, OH 43527
PHONE: 419-264-2331

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

FEE DESCRIPTION

PAID DATE FEE AMOUNT DUE

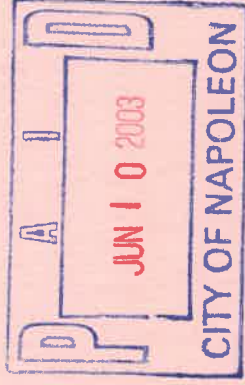
BUILDING PERMIT

27.00

fg-10-0-3
DATE

TOTAL FEES DUE 27.00

Brian D. Fisher
APPLICANT SIGNATURE



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CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 6-9-2003 JOB LOCATION 344 W. Clinton
LOT # _____ SUBDIVISION NAME _____

OWNER Richard Hockman PHONE 419-599-3441

OWNER ADDRESS 342 W. Clinton CITY Napoleon ZIP 43545

CONTRACTOR Helgate Limber Company PHONE 419-264-2331

CONTRACTOR ADDRESS 215 Lee St P.O. Box 157 CITY Helgate ZIP 43527
CONTRACTOR FAX # 419-264-6681 CELL PHONE (Opt.) 419-770-0223

DESCRIPTION OF WORK TO BE PERFORMED: Replacing old wood fence with vinyl fence 3' high.
ESTIMATED COST OF WORK TO BE PERFORMED: \$ 2500.00 Putting new fence in same spot as old

WORK INFORMATION

BUILDING: Basement Floor Area _____ Sq. Ft. 1st Story Living Area _____ Sq. Ft.
2nd Floor Living Area _____ Sq. Ft.

BUILDING SIZE: Length 98 Width _____ Stories _____ Height 36" DEMO VOL _____
Sq. Ft. Garage Floor Area _____ Sq. Ft.

Masonry Contractor _____ Phone _____ City _____ St _____ Zip _____
Address _____ Fax _____

Electrical Contractor _____ Phone _____ City _____ St _____ Zip _____
Address _____ Fax _____

Plumbing Contractor _____ Phone _____ City _____ St _____ Zip _____
Address _____ Fax _____

Hearing Contractor _____ Phone _____ City _____ St _____ Zip _____
Address _____ Fax _____

Insulation Contractor _____ Phone _____ City _____ St _____ Zip _____
Address _____ Fax _____

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 6-9-2003

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1665

DATE ISSUED: 06-10-2003

JOB LOCATION: 344 W CLINTON ST

OWNER: HOCKMAN, RICHARD

OWNER PHONE: 419-599-3441

CONTRACTOR: HOLGATE LUMBER CO.

CONTRACTOR PHONE: 419-264-2331

WORK DESCRIPTION: FENCE

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDT _____

STRUC _____ ROOF _____ EXT _____

VENT _____ ACCES _____ EGRS _____

SMKDT _____ FINAL _____

ISSUE TEMP OCCUP _____ ISSUE OCCUP _____

STRG SHED: SITE _____ FINAL _____

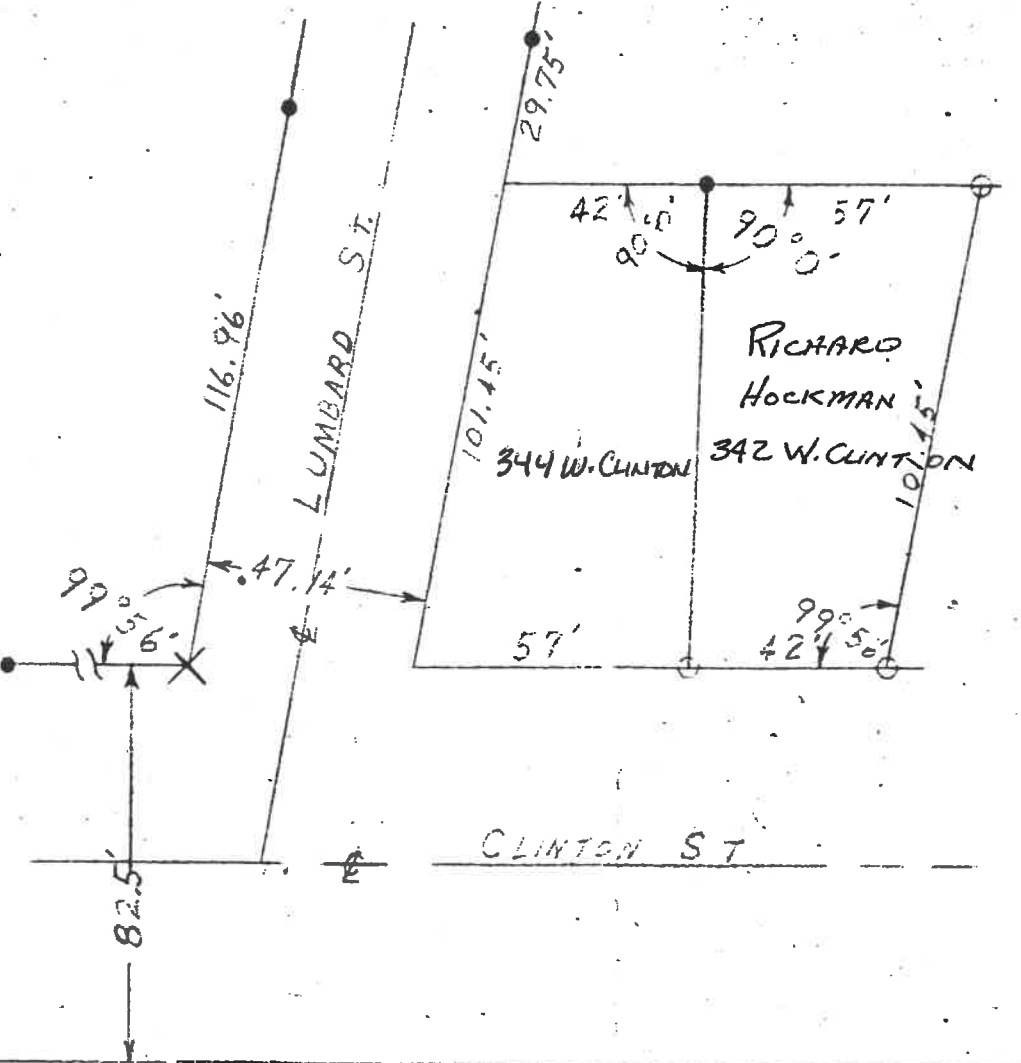
SIGN: FTG _____ FINAL _____

FENCE: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

INSPECTOR INITIALS:



- X - EXISTING CROSS IN SIDEWALK
- - POINTS FOUND FROM PREVIOUS SURVEY
- - POINTS PLACED THIS SURVEY

I HEREBY CERTIFY THE FOLLOWING SURVEY TO BE CORRECT & TRUE

Robert C. Jones
ENGINEER



PHONE 592-5771

ROBERT C. JONES COMPANY

ENGINEERS - CONSTRUCTORS

P. O. BOX 27
NAPOLEON, OHIO 43545

N. R. S.

TO RICHARD HOCKMAN

ADDRESS 342 W. CLINTON ST.

CITY NAPOLEON STATE OHIO

MAY 21 1965

ORDER No. _____

