

CITY OF NAPOLEON  
255 W. RIVERVIEW AVE  
NAPOLEON, OHIO 43545

P E R M I T

DIVISION OF BUILDING & ZONING  
PH (419) 592-4010  
FAX (419) 599-8393

PERMIT NO: 1286                      DATE ISSUED: 08-21-02                      ISSUED BY: MRD

JOB LOCATION: 508 W CLINTON ST                      EST. COST:

LOT #:    SUBDIVISION NAME:

OWNER: HAHN, MILTON  
ADDRESS: 913 CO RD 11  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-599-2313

AGENT: BOB CORDES PLUMBING  
ADDRESS: 17-706 CO RD Q-1  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-758-3162

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  
SEWER INSPECTION

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
SEWER INSPECTION PER		25.00

TOTAL FEES DUE                      25.00

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DATE

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APPLICANT SIGNATURE





# CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE \_\_\_\_\_ JOB LOCATION 508 W. Clinton

LOT # \_\_\_\_\_ SUBDIVISION NAME \_\_\_\_\_

OWNER Bud Hahn PHONE \_\_\_\_\_

OWNER ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CONTRACTOR Bob Cordes P/b PHONE \_\_\_\_\_

CONTRACTOR ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CONTRACTOR FAX # \_\_\_\_\_ CELL PHONE (Opt.) \_\_\_\_\_

DESCRIPTION OF WORK TO BE PERFORMED: sewer inspection

ESTIMATED COST OF WORK TO BE PERFORMED: \_\_\_\_\_

## WORK INFORMATION

\$25.00

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 Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_ St \_\_\_\_\_ Fax \_\_\_\_\_ Zip \_\_\_\_\_

Electrical Contractor Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_ St \_\_\_\_\_ Fax \_\_\_\_\_ Zip \_\_\_\_\_

Plumbing Contractor Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_ St \_\_\_\_\_ Fax \_\_\_\_\_ Zip \_\_\_\_\_

Heating Contractor Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_ St \_\_\_\_\_ Fax \_\_\_\_\_ Zip \_\_\_\_\_

Insulation Contractor Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_ St \_\_\_\_\_ Fax \_\_\_\_\_ 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 Aug 27, 2002



CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1286

DATE ISSUED: 08-21-2002

JOB LOCATION: 508 W CLINTON ST

OWNER: HAHN, MILTON

OWNER PHONE: 419-599-2313

CONTRACTOR: BOB CORDES PLUMBING

CONTRACTOR PHONE: 419-758-3162

WORK DESCRIPTION: SEWER INSPECTION

PLUMBING: UNDGR \_\_\_\_\_ RGHIN \_\_\_\_\_ FINAL \_\_\_\_\_

SEWER INSP 8-28-02

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: \_\_\_\_\_

\_\_\_\_\_

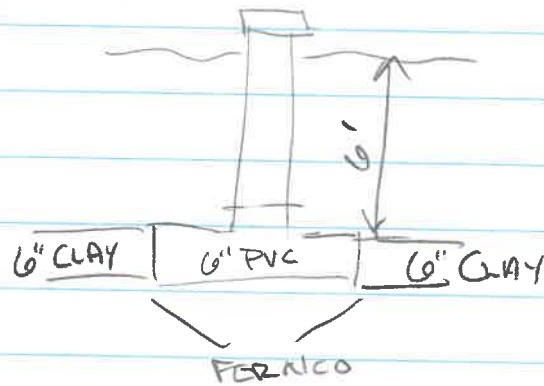
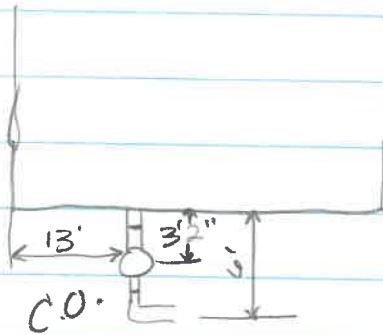
\_\_\_\_\_

INSPECTOR INITIALS: MBS JRK



Back of House

508 W. CLINTON



1227 DOTT

BRENT,

HERE IS A SKETCH OF THE NEW CLEAN OUT BOB CORDS  
INSTALLED. I DIDN'T KNOW IF YOU HAD OFFICIAL SHEETS FOR  
INSPECTIONS THAT YOU PUT IN THE FILES OR NOT.

THANKS,

MARK

