

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: 224

DATE ISSUED: 07-06-00

ISSUED BY: BND

JOB LOCATION: 611 W CLINTON ST

EST. COST: 5000.00

LOT #:

SUBDIVISION NAME:

OWNER: YATES, TIM
ADDRESS: 611 W CLINTON ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-7929

AGENT: SELF
ADDRESS:
CSZ:
PHONE:

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:

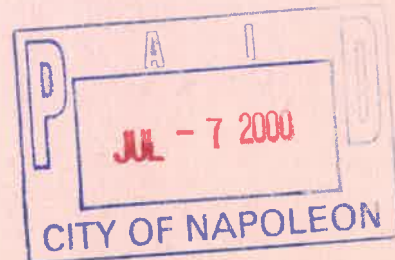
WORK DESCRIPTION
REMODEL, REPAIRS

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		54.00

TOTAL FEES DUE 54.00

DATE

APPLICANT SIGNATURE



CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE _____ JOB LOCATION 611 W. Clinton

LOT # _____ SUBDIVISION NAME _____

OWNER Tim L. Yates PHONE 592-7929

OWNER ADDRESS 611 Clinton CITY Napoleon ZIP 43545

CONTRACTOR _____ PHONE _____

CONTRACTOR ADDRESS _____ CITY _____ ZIP _____

CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: Roofing, painting, General Labor

ESTIMATED COST OF WORK TO BE PERFORMED: \$5,000⁰⁰

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 _____ 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 _____ Date _____

