

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: 1163

DATE ISSUED: 06-05-02

ISSUED BY: MRD

JOB LOCATION: 620 W CLINTON ST

EST. COST: 40000.00

LOT #:

SUBDIVISION NAME:

OWNER: BADENHOP, TIM
ADDRESS: 620 W CLINTON ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-3617

AGENT: MOCK BUEHRER BUILDER
ADDRESS: P-707 CO RD 16
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-0825

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: X REPLMNT: ADD'N: X ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION
NEW ADDITION
26X22

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		117.00
PLUMBING PERMIT		9.00
MECHANICAL PERMIT		6.00
ELECTRICAL PERMIT		12.00

TOTAL FEES DUE 144.00

6-7-02

DATE



APPLICANT SIGNATURE

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BOARD OF ZONING APPEALS:

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WORK INFORMATION

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

WORK DESCRIPTION
NEW ADDITION
26X22

NO SITE PLAN

FEE DESCRIPTION PAID DATE FEE AMOUNT DUE

BUILDING PERMIT 117.00
PLUMBING PERMIT 9.00
MECHANICAL PERMIT 6.00
ELECTRICAL PERMIT 12.00

TOTAL FEES DUE 144.00

G-7-02

DATE



APPLICANT SIGNATURE

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1163

DATE ISSUED: 06-05-2002

JOB LOCATION: 620 W CLINTON ST

OWNER: BADENHOP, TIM

OWNER PHONE: 419-599-3617

CONTRACTOR: MOCK BUEHRER BUILDERS

CONTRACTOR PHONE: 419-592-0825

WORK DESCRIPTION: NEW ADDITION

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

SERV UPGR 9-5-02

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: _____

W. Clinton ST. Sanitary Repair

Date Installed: 3-9-04

Installed by: Vernon Nagel/Constr.

Inspected by: Rex Mall

Res # 620
W. Clinton St.



