

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: 667 DATE ISSUED: 07-02-01 ISSUED BY: BND

JOB LOCATION: 643 W CLINTON ST EST. COST: 1500.00

LOT #: SUBDIVISION NAME:

OWNER: PECKINPAUGH, DON AGENT: SELF
ADDRESS: 643 W CLINTON ST ADDRESS:
CSZ: NAPOLEON, OH 43545 CSZ:
PHONE: 419-599-9606 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: X ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION

ROOF&FLOOR REPL-FRONT PORCH

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

BUILDING PERMIT

18.00

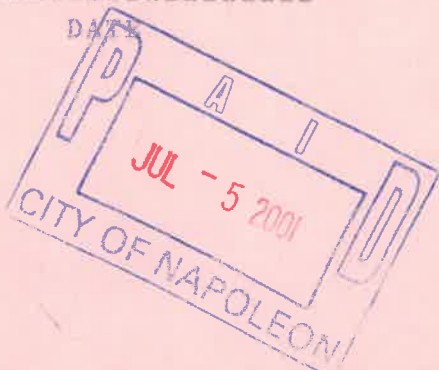
TOTAL FEES DUE 18.00

2-5-01

DATE

[Handwritten Signature]

APPLICANT SIGNATURE



CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 667

DATE ISSUED: 07-02-2001

JOB LOCATION: 643 W CLINTON ST

OWNER: PECKINPAUGH, DON

OWNER PHONE: 419-599-9606

CONTRACTOR: SELF

CONTRACTOR PHONE:

WORK DESCRIPTION: ROOF&FLOOR REPL-FRONT PORCH

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDDT _____

STRUC 7-10-01 ROOF _____ EXT _____
floor

VENT _____ ACCES _____ EGRS _____

SMKDT _____ FINAL 7-20-01

ISSUE TEMP OCCUP _____ ISSUE OCCUP _____

STRG SHED: SITE _____ FINAL _____

SIGN: FTG _____ FINAL _____

FENCE: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

INSPECTOR INITIALS: BMA

possibly starting this wk.

Permit # 667.

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 7/2/01 JOB LOCATION 643 W Clinton St

LOT # _____ SUBDIVISION NAME _____

OWNER Don Peckinpugh PHONE 419-599-9606

OWNER ADDRESS 643 W Clinton St. CITY Napoleon ZIP 43545

CONTRACTOR Self PHONE _____

CONTRACTOR ADDRESS _____ CITY _____ ZIP _____

CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: replace sheathing & roofing (a couple rafters)

ESTIMATED COST OF WORK TO BE PERFORMED: replacing floor - front porch.
\$1500.

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 _____

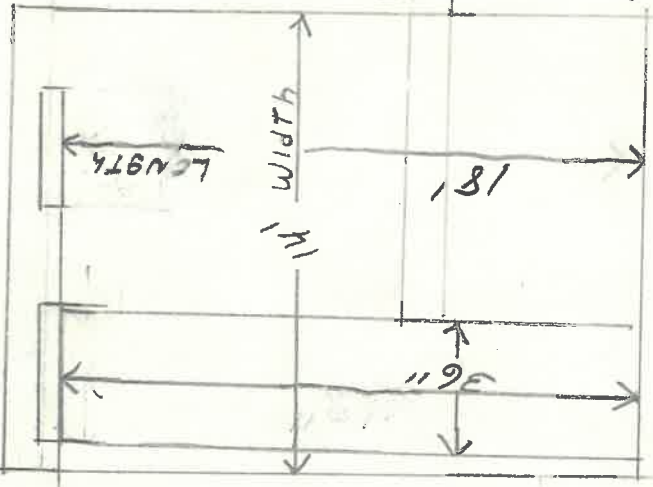
Other Contractor attach information.

ZONING INFORMATION (to be completed by City): District _____ Lot Dimensions _____
Lot Area _____ FRSB _____ SYSB _____ RYSB _____ Max Ht _____ ft Max Cov _____ %

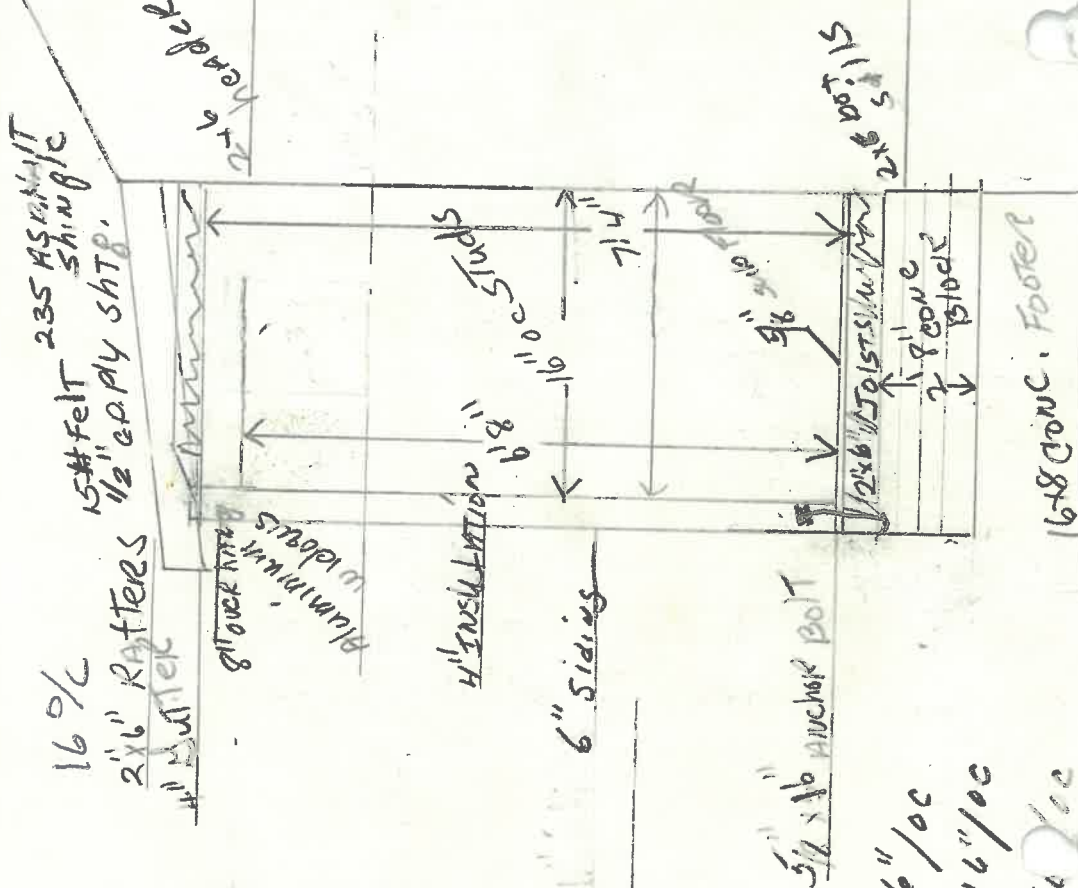
I by signing below agree to comply with all applicable City of Napoleon Codes & Ordinances while performing the work herein described. I understand that all work for which a permit is issued is required to be approved by the building inspector of the City of Napoleon.

Applicant Signature Don Peckinpugh Date 7-2-01

2x6 16' span
roof rafter



- 2x6 RAFTERS 16"/oc
- 2x6 CEILING JOIST 16"/oc
- 2x4 STUDS 16"/oc



16" x 8" CONC. FOOTER

16"/oc

