

PERMIT

City of Napoleon
255 W. Riverview
Napoleon, OH 43545

Division of Building and Zoning
PH (419) 592-4010
FAX (419) 599-8393

Permit No: 002095

Date Issued: 04-06-04

Issued by: BND

Job Location: 709 W CLINTON ST

Est. Cost: 6500.00

Lot #:

Subdivision Name:

Owner: WULF, JIM
Address: 509 W CLINTON ST
CSZ: NAPOLEON, OH 43545
Phone: 419-599-0824

Agent: MCCANN'S BUILDING SE
Address: 5333 SECOR RD #12
CSZ: TOLEDO OH, 43623
Phone: 419-475-5754

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: Addn'n: Alter: Remodel:

WORK INFORMATION

Size - Lgth: Width: Stories: Living Area SF:
Garage Area SF: Height: Bldg Vol Demo Permit:

WORK DESCRIPTION

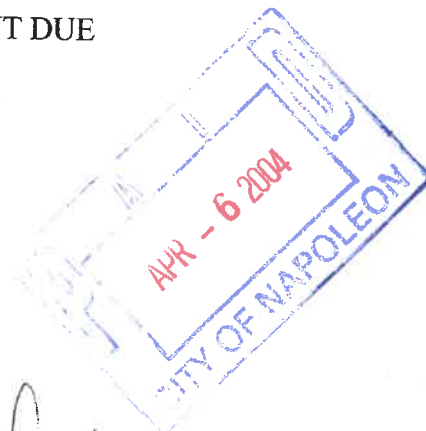
REMODEL BATHROOM & REINSPECTION FEE

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		51.00
REINSPECTION		25.00

Total Fees Due 76.00

4-6-04
Date

[Signature]
Applicant Signature



City of Napoleon Inspection Form

Permit #002095

Date Issued: 04-06-2004

Job Location: 709 W CLINTON ST

Owner: WULF, JIM

Owner Phone: 419-599-0824

Contractor: MCCANN'S BUILDING SERVICES

Contractor Phone: 419-475-5754

Work Description: REMODEL BATHROOM & REINSPECTION FEE

Plumbing: UNDGR _____ RGHIN 4-19 FINAL 5-4
 SEWER INSP _____

Mechanical: UNDGR _____ RGHIN 4-19 FINAL 5-4
 FURNACE REPLAC _____ AIR COND _____

Electrical: UNDGR _____ RGHIN 4-19 FINAL 5-4
 SEVR UPGR _____

Building: Site _____ FTG _____ FNDDT _____
 STRU _____ ROOF _____ EXT _____
 VENT _____ ACCES _____ EGRS _____
 SMKDT _____ FINAL 5-4
 ISSUE TEMP OCCUP _____ ISSUE OCCUP _____


STGE Shed: SITE _____ FINAL _____

Sign: FTG _____ FINAL _____

Fence: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

INSPECTORS INITIALS: 

NEW HOME AND ADDITION PERMIT APPLICATION

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

DATE 4/5/04 JOB LOCATION 709 W. Clinton St.

LOT # _____ SUBDIVISION NAME _____

OWNER ^{Jim} Jennifer Wulf PHONE 419-599-0824

OWNER ADDRESS 509 W. Clinton St. CITY Napoleon ZIP 43545

CONTRACTOR - SELF McCann's Building Services PHONE 419-475-5754

CONTRACTOR ADDRESS 5333 Secor Rd, #12 CITY Toledo ZIP 43623

CONTRACTOR FAX # 419-475-5764 CELL PHONE (Opt.) 419-810-4770

DESCRIPTION OF WORK TO BE PERFORMED: Remodel bathroom

ESTIMATED COST OF WORK TO BE PERFORMED: ~~6500.00~~ 6500.00

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 Dan Rodgers Phone 419-467-7745 Fax _____
Address 5921 Acoma City Toledo St OH Zip 43623

Plumbing Contractor Dan Rodgers Phone 419-467-7745 Fax _____
Address 5921 Acoma City Toledo St OH Zip 43623

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 [Signature] Date 4/5/04

Res # 709 W. Clinton ST.

San. Repairs

Contractor: 3/27/00

Verneen Hugel Const.

W. Clinton ST.

Ex San 8" I.D.

8" x 6" WYE

63'

SAN. M.H.

Norton ST.

