CITY OF NAPOLEON GENERAL PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL & REMODELING BUILDING, ELECTRICAL,

DATE 6-24-10 JOB LOCATION 716 W. Clinton ST	
OWNER Mike Macay TELEPHONE # 57262.	? 7
OWNER ADDRESS 716 W. Cliston St	
CONTRACTOR John Light CELL PHONE # 49 261 41	28/
DESCRIPTION OF WORK TO BE PERFORMED Rebuild Front Borch Floor	
ESTIMATED COMPLETION DATE 7-15-10 ESTIMATED COST 4000 2	_
Affected Floor Area (AFA): In existing structures, it is the area affected by the improvement, i.e. a new wall dividing a room (AFA would be only the room and not all the rooms).	he
DESCRIPTION FEE TOTAL COST	
Addition & Alterations Square foot in (AFA) x \$0.05 = \$ + \$25.00 = \$	
Electrical Circuits in (AFA) $x $3.00/Circuit = $ + $25.00 = $$	
Plumbing Traps in (AFA) $x $3.00/\text{Trap} = $ + $25.00 = $$	
Siding and/or Roofing \$25.00 \$	
Windows/Doors \$25.00 \$	
Decks \$25.00 \$ 25.00	
Garage and Shed over 200 SF (Detached) \$25.00 \$	
Electrical Service Upgrade \$25.00 \$	
Water Heater \$25.00 \$	
Furnace and/or AC Replacement \$25.00 \$	
MBP (100.3100.46510) Subtotal: \$ 25.05	
(100.0000.42700) PLUS Ohio Board of Building Standards Fee + 1% \$. 25	
1 FULLY UNDERSTAND THAT NO EXCAVATION CONSTRUCTION OR STRUCTURAL ALTERNATION FOR \$ 25.25	
PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON BUILDING/ZONING DEPARTMENT.	THE
I hereby certify that I am the Owner of the named property, or that the proposed work is authorized by the Owner of record and that I have been authorized by the Owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for Work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s)	
I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.	
SIGNATURE OF APPLICANT: DATE: 6 - 24 - 10	
PRINT NAME: Who Light	
BATCH # 22705 CHECK # 3832 DATE 6-24-10	

