

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: 97334

DATE ISSUED: 09-05-97

ISSUED BY: BND

JOB LOCATION: 97 COURTLAND DR

EST. COST: 1900.00

LOT #:

SUBDIVISION NAME:

OWNER: MEYER, STEVEN  
ADDRESS: 97 COURTLAND DR  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-5751

AGENT: VONDEYLEN PLBG & HTG  
ADDRESS: 116 E CLINTON ST  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-4756

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

DEPT - LGTH: WIDTH: STORIES: LIVING AREA SF:  
FLOOR AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION  
FURNACE REPLACEMENT

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
MECHANICAL PERMIT		5.00

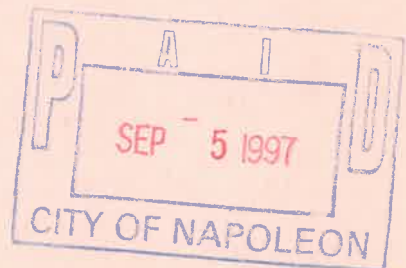
TOTAL FEES DUE 5.00

9-5-97

DATE

*Randall S. Eder*

APPLICANT SIGNATURE



**APPLICATION FOR**

Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit

FROM - The City of Napoleon, Ohio, Building Department

255 West Riverview Avenue; P.O. Box 151; Napoleon, Ohio 43545 - Telephone (419) 592-4010

ENTRY NO. _____		<u>Base</u>	<u>Plus</u>	<u>Total</u>
PERMIT NO. _____ ISSUED _____	( ) Building	\$ _____	\$ _____	\$ _____
JOB LOCATION <u>97 Courtland</u>	( ) Electrical	\$ _____	\$ _____	\$ _____
LOT _____	( ) Plumbing	\$ _____	\$ _____	\$ _____
(Subdivision or Legal Description)	( ) Mechanical	\$ <u>5.00</u>	\$ _____	\$ <u>5.00</u>
ISSUED BY _____	( ) Demolition	\$ _____	\$ _____	\$ _____
(Building Official)	( ) Zoning	\$ _____	\$ _____	\$ _____
OWNER <u>Steve Meyer</u> PHONE <u>592-5751</u>	( ) Sign	\$ _____	\$ _____	\$ _____
ADDRESS <u>97 Courtland Napoleon</u>	( ) Water Tap	\$ _____	\$ _____	\$ _____
AGENT <u>Von Deylen P+H</u> PHONE <u>592-4756</u>	( ) Sewer Tap	\$ _____	\$ _____	\$ _____
ADDRESS <u>116 E. Clinton Napoleon</u>	( ) Temp Water	\$ _____	\$ _____	\$ _____
USE: (X) Residential ( ) Commercial ( ) Industrial	( ) Temp Elec.	\$ _____	\$ _____	\$ _____
( ) Other _____				
WORK: ( ) New ( ) Addition (X) Replacement ( ) Remodel				
ESTIMATED COST = \$ <u>1900</u>	Additional Structure _____ Hours _____			
	Plan Review: Electric _____ Hours _____			

TOTAL FEES . . . . . \$ 5.00  
 Less Fees Paid . . . . . \$ 5.00  
 BALANCE DUE . . . . . \$ —

**ZONING INFORMATION**

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard

Max Height	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required-Date

**WORK INFORMATION**

Building: Ground Floor Area \_\_\_\_\_ sq. ft. Basement Floor Area \_\_\_\_\_ sq. ft.

Garage Floor Area \_\_\_\_\_ sq. ft. 2nd Floor Area \_\_\_\_\_ sq. ft. Other \_\_\_\_\_ sq. ft.

Size: Length \_\_\_\_\_ Width \_\_\_\_\_ Stories \_\_\_\_\_ Height \_\_\_\_\_

Building Volume (for Demolition Permit) \_\_\_\_\_ cubic feet

Description of Work: Replace furnace

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 97334

DATE ISSUED: 09-05-97

JOB LOCATION: 97 COURTLAND DR

OWNER: MEYER, STEVEN

OWNER PHONE: 419-592-5751

CONTRACTOR: VONDEYLEN PLBG & HTG

CONTRACTOR PHONE: 419-592-4756

WORK DESCRIPTION: FURANCE REPLACEMENT

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 \_\_\_\_\_    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: \_\_\_\_\_