

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: 135

DATE ISSUED: 05-24-00

ISSUED BY: MBS

JOB LOCATION: 650 CRIPPLE CREEK CRT

EST. COST: 2250.00

LOT #:

SUBDIVISION NAME:

OWNER: KAUFMAN, PAUL
ADDRESS: 650 CRIPPLE CREEK CRT
CSZ: NAPOLEON, OH 43545
PHONE: 419-3255

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

WORK INFORMATION

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

WORK DESCRIPTION
AC ADD ON

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
MECHANICAL PERMIT		5.00
ELECTRICAL PERMIT		6.00

TOTAL FEES DUE 11.00

DATE

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>650 Cripple Creek</u>	() Electrical	\$ _____	\$ <u>6.00</u>	\$ <u>6.00</u>
LOT _____	() Plumbing	\$ _____	\$ _____	\$ _____
(Subdivision or Legal Description) _____	() Mechanical	\$ <u>5.00</u>	\$ _____	\$ <u>5.00</u>
ISSUED BY _____	() Demolition	\$ _____	\$ _____	\$ _____
(Building Official) _____	() Zoning	\$ _____	\$ _____	\$ _____
OWNER <u>Paul Kaufmann</u> PHONE <u>599-3255</u>	() Sign	\$ _____	\$ _____	\$ _____
ADDRESS <u>650 Cripple Creek</u>	() Water Tap	\$ _____	\$ _____	\$ _____
AGENT <u>Von Deylen P. Htg.</u> PHONE <u>592-4756</u>	() Sewer Tap	\$ _____	\$ _____	\$ _____
ADDRESS <u>116 E Clinton Napoleon</u>	() Temp Water	\$ _____	\$ _____	\$ _____
USE: <input checked="" type="checkbox"/> Residential () Commercial () Industrial	() Temp Elec.	\$ _____	\$ _____	\$ _____
() Other _____				
WORK: <input checked="" type="checkbox"/> New () Addition () Replacement () Remodel				
ESTIMATED COST = \$ <u>2250</u>	Additional Plan Review:	Structure _____	Electric _____	Hours _____

TOTAL FEES \$ 11.00
 Less Fees Paid \$ 11.00
 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: New A/C