

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: 1192 DATE ISSUED: 06-26-02 ISSUED BY: MRD
JOB LOCATION: 740 CRIPPLE CREEK CRT EST. COST: 20000.00

LOT #: SUBDIVISION NAME:
OWNER: KAHLE, BRUCE AGENT: DEFIANCE WATER REC
ADDRESS: 740 CRIPPLE CREEK CRT ADDRESS: 1495 RALSTON AVE
CSZ: NAPOLEON, OH 43545 CSZ: DEFIANCE, OH 43512
PHONE: 419-599-1729 PHONE: 800-878-7946

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
NEW INGROUND POOL
33X21

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT	pd 6/25/02	77.00

TOTAL FEES DUE 77.00

6/25/02

DATE



APPLICANT SIGNATURE

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 6/25/02 JOB LOCATION 740 Cripple Creek

LOT # _____ SUBDIVISION NAME _____

OWNER Bruce KATHE PHONE (419) 599-1729

OWNER ADDRESS 740 Cripple Creek CITY NAPOLEON ZIP 43545

CONTRACTOR DeFrance Water Rec PHONE (419) 282-2618

CONTRACTOR ADDRESS 1495 RAISTON CITY DeF ZIP 43512

CONTRACTOR FAX # (419) 282-0917 CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: InGround Swimming Pool

ESTIMATED COST OF WORK TO BE PERFORMED: \$20,000.00

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.
Inside measurements

BUILDING SIZE: Length 33' Width 21' 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 [Signature] Date 6/25/02

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1192

DATE ISSUED: 06-26-2002

JOB LOCATION: 740 CRIPPLE CREEK CRT

OWNER: KATTLE, BRUCE

OWNER PHONE: 419-599-1729

CONTRACTOR: DEFIANCE WATER REC

CONTRACTOR PHONE: 800-878-7946

WORK DESCRIPTION: NEW INGROUND POOL

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDT _____

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: _____

TAPPING PERMIT

Office Of
Water Works
Napoleon, Ohio

No. _____ Date 4-30-86

Received of BECK CONSTRUCTION CO.

THREE HUNDRED Dollars 00/00

Charge for tapping permit to supply water services to Lot No. 15

Addition CRIPPLE CREEK SUB DIV.

Street No. 740 CRIPPLE CREEK CT.

Tap Size 1 Inch Cost 300.⁰⁰

Plumber _____

Street to be opened-Yes _____ No _____

Opening bond fee set by Engineer \$ _____

Street opening agreement approval date _____

Clerk-Treasurer

Date completed _____

Water Distribution Department

