

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: 1293

DATE ISSUED: 08-23-02

ISSUED BY: MRD

JOB LOCATION: 770 CRIPPLE CREEK CRT

EST. COST: 6000.00

LOT #:

SUBDIVISION NAME:

OWNER: CHERRY, TIMOTHY
ADDRESS: 770 CRIPPLE CREEK CRT
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-5834

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: ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION
REPLACE FURN & A/C

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		10.00



TOTAL FEES DUE 10.00

DATE

APPLICANT SIGNATURE

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 8-22-02 JOB LOCATION 770 Cripple Creek

LOT # _____ SUBDIVISION NAME _____

OWNER Timothy Cherry PHONE 592-5834

OWNER ADDRESS 770 Cripple Creek CITY Napoleon ZIP 43545

CONTRACTOR Von Deylen Plbg + Htg. PHONE 592-4756

CONTRACTOR ADDRESS 116 E Clinton CITY Napoleon ZIP 43545

CONTRACTOR FAX # 592-7545 CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: Replace furnace & A/C

ESTIMATED COST OF WORK TO BE PERFORMED: 6000⁰⁰

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 _____ 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 Donald L. Fisher Pres. Date 8-22-02

A/10.00

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1293

DATE ISSUED: 08-23-2002

JOB LOCATION: 770 CRIPPLE CREEK CRT

OWNER: CHERRY, TIMOTHY

OWNER PHONE: 419-592-5834

CONTRACTOR: VONDEYLEN PLBG & HTG

CONTRACTOR PHONE: 419-592-4756

WORK DESCRIPTION: REPLACE FURN & A/C

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC 8-27-02 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: _____

