

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: 1011

DATE ISSUED: 02-25-02

ISSUED BY: BND

JOB LOCATION: 713 DAGGETT DR

EST. COST: 1000.00

LOT #:

SUBDIVISION NAME:

OWNER: FUNCHION, RANDY  
ADDRESS: 713 DAGGETT DR  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-8416

AGENT: SELF  
ADDRESS:  
CSZ:  
PHONE:

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

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

WORK DESCRIPTION

REPLACE 2 WINDOWS &  
INSTALL SLIDING DOOR

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

BUILDING PERMIT

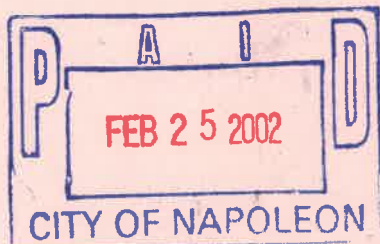
18.00

TOTAL FEES DUE

18.00

DATE

APPLICANT SIGNATURE



DIVISION OF BUILDING & CONING  
 PH (419) 522-4812  
 FAX (419) 522-4321

CITY OF NAROLEON  
 202 N. BIRCHVIEW AVE  
 NAROLEON, OHIO 43045

P E R M I T

PERMIT NO: 1212 DATE ISSUED: 02-22-02  
 JOB LOCATION: 112 HAZARD DR LOT 2  
 EST. COST: 1000.00

SUBJECTIVE NAME: OWNER: TRINITION, RANDY  
 AGENT: SELL ADDRESS: 112 HAZARD DR  
 CITY: NAROLEON, OH 43045  
 PHONE: 419-231-8414  
 JOB TYPE - RESIDENTIAL

LOT DIM: 100 FT X 100 FT  
 AREA: 10000 SQ FT  
 BOARD OF ZONING APPEALS: WORK TYPE - REMOVAL  
 REPAIR: 2 ALTERN: 1

REPAIR: 2 ALTERN: 1  
 REPAIR: 2 ALTERN: 1  
 REPAIR: 2 ALTERN: 1

PER DESCRIPTION: BUILDING HEIGHT: 10 FT  
 PER DATE: 02/22/02

TOTAL FEE DUE: 10.00

PERMIT SIGNATURE: \_\_\_\_\_  
 PERMIT SIGNATURE: \_\_\_\_\_



CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1011

DATE ISSUED: 02-25-2002

JOB LOCATION: 713 DAGGET DR

OWNER: FUNCHION, RANDY

OWNER PHONE: 419-592-8416

CONTRACTOR: SELF

CONTRACTOR PHONE:

WORK DESCRIPTION: REPLACE 2 WINDOWS &

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: \_\_\_\_\_



Permit 18.00

# CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 2/25/02 JOB LOCATION 713 DAGGETT NAPOLEON OH

LOT # \_\_\_\_\_ SUBDIVISION NAME \_\_\_\_\_

OWNER RANDY FUNCTION PHONE 592-8416

OWNER ADDRESS 713 DAGGETT CITY NAPOLEON ZIP 43545

CONTRACTOR SELF PHONE \_\_\_\_\_

CONTRACTOR ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CONTRACTOR FAX # \_\_\_\_\_ CELL PHONE (Opt.) \_\_\_\_\_

DESCRIPTION OF WORK TO BE PERFORMED: Install sliding door, put 2 double hung windows in living room.

ESTIMATED COST OF WORK TO BE PERFORMED: 1000.00

### 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.

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 \_\_\_\_\_ %

The 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 Randy Function Date 2-25-02

