

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: 1313

DATE ISSUED: 09-06-02

ISSUED BY: MRD

JOB LOCATION: 824 DAGGETT DR

EST. COST: 4000.00

LOT #:

SUBDIVISION NAME:

OWNER: LUDERMAN, JEFF
ADDRESS: 824 DAGGETT DR
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-5481

AGENT: DILLY DOOR CO
ADDRESS: 850 CARPENTER RD
CSZ: DEFIANCE, OH 43512
PHONE: 419-782-1181

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:

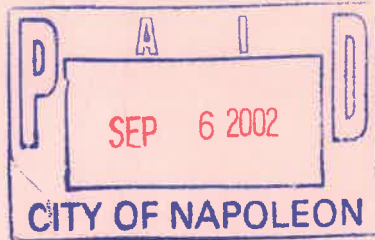
WORK DESCRIPTION
ROOFING

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

BUILDING PERMIT



45.00

TOTAL FEES DUE

45.00

9-5-02

DATE

Bruce Skoll

APPLICANT SIGNATURE

Complete areas marked *

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

* DATE 9-6-02 * JOB LOCATION 824 Daggett

LOT # _____ SUBDIVISION NAME _____

* OWNER Jeff Luderman * PHONE 592-5481

* OWNER ADDRESS Q 200 CR 15 * CITY Napoleon ZIP _____

* CONTRACTOR Dilly Door Co PHONE _____

CONTRACTOR ADDRESS _____ CITY _____ ZIP _____

CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____

* DESCRIPTION OF WORK TO BE PERFORMED: Roof sheathing

* ESTIMATED COST OF WORK TO BE PERFORMED: \$3713

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 Address _____ City _____ Phone _____ St _____ Fax _____ Zip _____

Electrical Contractor Address _____ City _____ Phone _____ St _____ Fax _____ Zip _____

Plumbing Contractor Address _____ City _____ Phone _____ St _____ Fax _____ Zip _____

Heating Contractor Address _____ City _____ Phone _____ St _____ Fax _____ Zip _____

Insulation Contractor Address _____ City _____ Phone _____ St _____ Fax _____ 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 Bruce Skoll * Date 9-5-02

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1313

DATE ISSUED: 09-06-2002

JOB LOCATION: 824 DAGGETT DR

OWNER: LUDERMAN, JEFF

OWNER PHONE: 419-592-5481

CONTRACTOR: DILLY DOOR CO

CONTRACTOR PHONE: 419-782-1181

WORK DESCRIPTION: ROOFING

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: _____

