

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: 341 DATE ISSUED: 09-26-00 ISSUED BY: MBS
JOB LOCATION: 895 DAGGET DR EST. COST: 8151.00

LOT #: SUBDIVISION NAME:
OWNER: ROHRS, ERIC AGENT: TEMPELS HOME IMPROVE
ADDRESS: PO BOX 124 ADDRESS: 7484 RD 1031
CSZ: NAPOLEON, OH 43545 CSZ: ANTWERP, OHIO 45813
PHONE: 419-592-6436 PHONE: 419-258-2105

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: X

WORK INFORMATION

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

WORK DESCRIPTION
REMODEL

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		55.00

TOTAL FEES DUE 55.00

9-26-2000
DATE

Robert Tempel
APPLICANT SIGNATURE

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 9-25-2000 JOB LOCATION 895 DAGGETT ST. NAPOLEON, O

LOT # _____ SUBDIVISION NAME _____

OWNER EDMUND F. ROHR5 PHONE 419-592-6436

OWNER ADDRESS _____ CITY NAPOLEON, OHIO ZIP 43545

CONTRACTOR TEMPEL'S HOME IMPROVEMENT'S PHONE 419-258-2405

CONTRACTOR ADDRESS 7484 RD 1031 CITY ANTIWEAR, OHIO ZIP 45813

CONTRACTOR FAX # 419-258-1545 CELL PHONE (Opt.) None

DESCRIPTION OF WORK TO BE PERFORMED: _____

ESTIMATED COST OF WORK TO BE PERFORMED: \$17,151.00/100

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 RON CUPP Phone 419-428-0014 Fax _____
Address _____ City EVANSPORT St OHIO Zip _____

Plumbing Contractor RICK ELLING Phone 419-598-8911 Fax _____
Address _____ City NAPOLEON St OHIO Zip _____

Heating Contractor RICK ELLING Phone 419-598-8911 Fax _____
Address _____ City NAPOLEON St OHIO 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 _____ Date _____