

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: 355

DATE ISSUED: 10-09-00

ISSUED BY: BND

JOB LOCATION: 105 DEROME DR

EST. COST: 3900.00

LOT #:

SUBDIVISION NAME:

OWNER: RASTOCAN, EVELYN
ADDRESS: 105 DEROME DR
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-8391

AGENT: MIKE MINER CONST.
ADDRESS: 309 W OAK ST
CSZ: CONTINENTAL, OH 45831
PHONE: 419-395-1966

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 SP: HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION

FLOOR JOIST REPAIRS
PIER SUPPORTS ADDED

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

BUILDING PERMIT

45.00

TOTAL FEES DUE

45.00

DATE

APPLICANT SIGNATURE



CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 10-3 JOB LOCATION 105 De Rome Dr.

LOT # _____ SUBDIVISION NAME _____

OWNER Evelyn Pastocan PHONE _____

OWNER ADDRESS 105 De Rome CITY Napoleon ZIP _____

CONTRACTOR Mike Miner PHONE 395-1966

CONTRACTOR ADDRESS P.O. Box 118 ^{309 W. Oak St.} CITY Continental ZIP 45831

CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: Bracing up the floors

ESTIMATED COST OF WORK TO BE PERFORMED: \$3,900

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 Cheryl Miner Date 10-2, 2006