

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: 1499

DATE ISSUED: 01-20-03

ISSUED BY: MRD

JOB LOCATION: 150 DEROME DR

EST. COST: 2200.00

LOT #:

SUBDIVISION NAME:

OWNER: CHRISTIAN, EMELINE  
ADDRESS: 150 DEROME DR  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-9874

AGENT: GABLE HTG & A/C  
ADDRESS: 220 ORCHARD LN  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-599-1176

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 FURNACE

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
MECHANICAL PERMIT		5.00

TOTAL FEES DUE 5.00

1-20-03

DATE

*Randy E Gable*

APPLICANT SIGNATURE



CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1499

DATE ISSUED: 01-20-2003

JOB LOCATION: 150 DEROME DR

OWNER: CHRISTIAN, EMELINE

OWNER PHONE: 419-592-9874

CONTRACTOR: GABLE HTG & A/C

CONTRACTOR PHONE: 419-599-1176

WORK DESCRIPTION: REPLACE FURNACE

PLUMBING:   UNDGR \_\_\_\_\_   RGHIN \_\_\_\_\_   FINAL \_\_\_\_\_

          SEWER INSP \_\_\_\_\_

MECHANICAL:   UNDGR \_\_\_\_\_   RGHIN \_\_\_\_\_   FINAL \_\_\_\_\_

          FURNACE REPLC \_\_\_\_\_   AIR COND \_\_\_\_\_

ELECTRICAL:   UNDGR \_\_\_\_\_   RGHIN \_\_\_\_\_   FINAL \_\_\_\_\_

          SERV UPGR \_\_\_\_\_

BUILDING:   SITE \_\_\_\_\_   FTG \_\_\_\_\_   FNDT \_\_\_\_\_

          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: