

THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

Mechanical Permit

Permit Number: MC2007-15

Page 1 of 1

Printed: 4/10/2007

ADDRESS:

165A Derome Dr

Applicant

Name: Vicars Heating & A/C

Address: 5-935 Co Rd U

Approval Date: 4/10/2007

419-533-1078

Owners

Name: Mr. Scott Waisner

Address: 15453 CR M2

Napoleon, OH 43545

Phone: 419-758-3132

Contractors

Contractor Type: General Contractor

Name: Vicars Heating & A/C

Address: 5-935 Co Rd U

Liberty Center, OH 43532

Phone: 419-533-1078

Fees and Receipts:

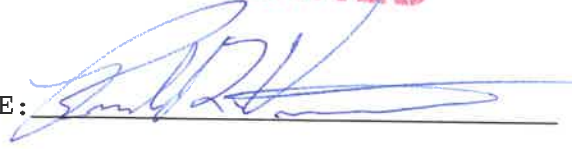
Number	Description	Amount
FEE2007-172	replacing a/c or furnace	\$5.00

Total Fees: \$5.00

RCPT2007-159		\$5.00
--------------	--	--------

Total Receipts: \$5.00

Replacing Furnace

APPLICANTS SIGNATURE: 

DATE: 4-10-07

REMINDER: YOU MUST CALL (419)592-4010 FOR AN INSPECTION



CITY OF NAPOLEON GENERAL PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMOLITIONS, REMODELING.

DATE: 4-10-07 JOB LOCATION: 165 A Derome Drive

OWNER: Scott Waisner PHONE: 419-758-3132

OWNER ADDRESS: 15453 CR M2 CITY: Napoleon ZIP: 43545

CONTRACTOR: Vicars NTG & A/C

PHONE #: 419-533-1078 CELL PHONE# 419-262-2919

CONTRACTOR LICENSED WITH THE CITY OF NAPOLEON?: YES NO:

Is any of the above job going to be subcontracted out? Yes No:

If yes to whom: _____

DESCRIPTION OF WORK TO BE PERFORMED: Replace Furnace
ESTIMATED COMPLETION DATE: 4-10-07

PLEASE MARK THE TYPE OF WORK YOU WILL BE PERFORMING

- | | |
|---|---|
| <input type="checkbox"/> A/C ADD ON | <input type="checkbox"/> REMODELING |
| <input type="checkbox"/> BOILER REPLACEMENT | <input type="checkbox"/> ROOFING |
| <input type="checkbox"/> CURBING | <input type="checkbox"/> SEWER REPAIRS** |
| <input type="checkbox"/> DECKS * | <input type="checkbox"/> SIDEWALK* |
| <input type="checkbox"/> DRIVEWAY* | <input type="checkbox"/> SIDING |
| <input type="checkbox"/> ELECTRICAL SERVICE UPGRADE | <input type="checkbox"/> STORAGE SHED* |
| <input type="checkbox"/> ELECTRICAL SERVICE NEW | <input type="checkbox"/> SWIMMING POOL* |
| <input type="checkbox"/> FENCE* | <input checked="" type="checkbox"/> FURNACE REPLACEMENT |
| <input type="checkbox"/> ADDITIONS* | <input type="checkbox"/> TEMP ELECTRIC |
| <input type="checkbox"/> FURNACE NEW | <input type="checkbox"/> WATER TAP (size _____") |
| <input type="checkbox"/> LAWN METER | <input type="checkbox"/> WINDOWS |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ZONING |

*PLEASE INCLUDE A PICTURE SHOWING MEASUREMENTS FROM EXISTING STRUCTURES AND PROPERTY LINES. INDICATING THE TYPE OF WORK YOU WISH TO PERFORM.

** IF WORK REQUIRES GOING INTO THE STREET A STREET BOND IS REQUIRED!

FOR PERMIT COSTS PLEASE FILL OUT REVERSE SIDE.