10-015

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

DATE 5-18-16 JOB LOCATION 723 Erie Street	
owner_Bill Creage(TELEPHONE # 4/9-592-4203
	en OH 43545
CONTRACTOR Von Deylen Plag + Htg	CELL PHONE # 419 - 966 - 4201
	A/C
- Neplace 4	arriac H/
ESTIMATED COMPLETION DATE 5-20-16 ESTIM	MATED COST 4000
Affected Floor Area (AFA): In existing structures, it is the area affected by the improvement, i.e. a new wall dividing a room (the AFA would be only the room and not all the rooms).	
DESCRIPTION	FEE TOTAL COST
BUILDING:	FEE TOTAL COST
Decks	\$25.00 \$
Addition & Alterations Square foot in (AFA) x \$0.05 = \$	+ \$25.00 = \$
Garage and Shed over 200 SF (Detached)	\$25.00 \$
Siding and/or Roofing	\$25.00 \$
Windows/Doors	
ELECTRICAL:	\$25.00 \$
Electrical Circuits in (AFA) x \$3.00/Circuit = \$	+ \$25,00 = \$
Electrical Service Upgrade	
MECHANICAL:	\$25.00 \$
Water Heater	\$75.00 p
Furnace and/or AC Replacement	\$25.00 \$
PLUMBING:	\$25.00 \$ 25.00
Plumbing Traps in (AFA) x \$3.00/Trap = \$x	+ \$25.00 = \$
TOTAL plus Ohio Board of Buildin	g Standards Fee 1% s .25
TOTAL FEE: \$ 25.25 ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE Thereby certify that I are the Council of the City of Napoleon Building/Zoning Department.	
I hereby certify that I am the Owner of the named property, or that the proposed work is authorized by the Owner of record and that I have been authorized by the Owner to make this the code official or the code official's outhorized representative shall have the authority to enter areas covered by such permit of way described in this application is issued, I certify that applicable to such permit.	
I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.	
SIGNATURE OF APPLICANT. TO SIGNATURE OF APPLICANT.	DATE: 5-18-16
PRINT NAME: Randall L Fisher	
PERMIT # BATCH# 34333 CHECK#28	509 DATE
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