

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: 1426 DATE ISSUED: 11-25-02 ISSUED BY: MRD
JOB LOCATION: 550 EUCLID AVE EST. COST: 3000.00

LOT #: SUBDIVISION NAME:
OWNER: WACHTMAN, LYNN AGENT: VONDEYLEN PLBG & HTG
ADDRESS: 550 EUCLID AVE ADDRESS: 116 E CLINTON ST
CSZ: NAPOLEON, OH 43545 CSZ: NAPOLEON, OH 43545
PHONE: 419-599-5863 PHONE: 419-592-4756

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
NEW FURNACE

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
MECHANICAL PERMIT		5.00

TOTAL FEES DUE 5.00

DATE

APPLICANT SIGNATURE



DIVISION OF BUILDING & ZONING
PH 1412 572-4818
FAX 1412 572-4393

PERMIT

CITY OF NAPOLÉON
328 W. RIVERVIEW AVE
NAPOLÉON, OHIO 43242

PERMIT NO: 1432 DATE ISSUED: 11-25-82 ISSUED BY: HND
JOB LOCATION: 222 BUCILD AVE EST. COST: 3882.00

LOT #: SUBDIVISION NAME:
OWNER: WACHMAN, LYNN ADDRESS: 222 BUCILD AVE
CITY: NAPOLÉON, OH 43242 PHONE: 419-244-2982
USE TYPE - RESIDENTIAL OTHER:

ZONING INFORMATION
DIST: LOT DIM: AREA: FLOOR: MAX LOT COV: FLOOR: FLOOR: FLOOR:
MAX HT: & PRO DRAGS: & LOADING BR: & LOADING BR: & LOADING BR:

BOARD OF ZONING APPEALS:
WORK TYPE - NEW: PERMIT: ADD'N: ALTER: REWORK:
MORE INFORMATION
SIZE - LATH: GARAGE AREA SQ: HEIGHT: MINUTE: STORIES: LIVING AREA SQ:
WORK DESCRIPTION: NEW FURNACE: BLDG VOL DEMO PERMIT:

PER DESCRIPTION: PAID DATE: THE AMOUNT DUE: MECHANICAL PERMIT
2.00

TOTAL FEES DUE 2.25

APPLICANT SIGNATURE

DATE



CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 11-21-02 JOB LOCATION _____
LOT # _____ SUBDIVISION NAME _____
OWNER Lynn Wachtman PHONE 599-5863
OWNER ADDRESS 550 Euclid CITY Napoleon ZIP 43545
CONTRACTOR Von Deylen Plbg + Htg. PHONE 592-4756
CONTRACTOR ADDRESS 116 E. Clinton CITY Napoleon ZIP 43545
CONTRACTOR FAX # 592-2545 CELL PHONE (Opt.) _____
DESCRIPTION OF WORK TO BE PERFORMED: New furnace
ESTIMATED COST OF WORK TO BE PERFORMED: \$ 3000

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 Randall L Fisher Date 11-21-02

\$ 5.00

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1426

DATE ISSUED: 11-25-2002

JOB LOCATION: 550 EUCLID AVE

OWNER: WACHTMAN, LYNN

OWNER PHONE: 419-599-5863

CONTRACTOR: VONDEYLEN PLBG & HTG

CONTRACTOR PHONE: 419-592-4756

WORK DESCRIPTION: NEW FURNACE

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDDT _____

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: _____

