PERMIT

CITY OF NAPOLEON 255 W. RIVERVIEW AVE NAPOLEON, OHIO 43545

DIVISION OF BUILDING & ZONING PH (419) 592-4010 FAX (419) 599-8393

PERMIT NO: 1022 DATE ISSUED: 03-06-02 ISSUED BY: MRD

JOB LOCATION: 669 EUGLID AVE

EST. COST: 3308.00

LOT #:

SUBDIVISION NAME:

OWNER: HOLLADAY DALLAS

ADDRESS: 669 EUCLID AVE

CSZ: NAPOLEON, OH 43545

PHONE: 419-592-1625

AGENT: QUILLAN BROS INC.

ADDRESS: 06902 US 27

CSZ: BRYAN, OH 43506

PHONE: 419-636-1303

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: X ADD'N: ALTER: REMODEL:

WORK INFORMATION

SIZE - LGTH: WIDTH: STORIES: LIVING AREA SF: GARAGE AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION REPLACE WINDOWS

FEE DESCRIPTION PAID DATE FEE AMOUNT DUE

BUILDING PERMIT

36.00



TOTAL FEES DUE

DATE

APPLICANT SIGNATURE

## CITY OF NAPOLEON INSPECTION FORM

| PERMIT #: 1022                    |                  |         |            |  |  |  |  |  |
|-----------------------------------|------------------|---------|------------|--|--|--|--|--|
| DATE ISSUED: 0                    | 3-06-2002        |         |            |  |  |  |  |  |
| JOB LOCATION: 669 EUCLID AVE      |                  |         |            |  |  |  |  |  |
| OWNER: HOLLADAY, DALLAS           |                  |         |            |  |  |  |  |  |
| OWNER PHONE: 419-592-1625         |                  |         |            |  |  |  |  |  |
| CONTRACTOR: QU                    | JILLAN BROS INC. | ,       |            |  |  |  |  |  |
| CONTRACTOR PHONE: 419-636-1303    |                  |         |            |  |  |  |  |  |
| WORK DESCRIPTION: REPLACE WINDOWS |                  |         |            |  |  |  |  |  |
| PLUMBING: U                       | INDGR            | RGHIN   | FINAL      |  |  |  |  |  |
| S                                 | SEWER INSP       |         |            |  |  |  |  |  |
| MECHANICAL: U                     | INDGR            | RGHIN   | FINAL      |  |  |  |  |  |
| F                                 | URNACE REPLC     | AIR CON | ID         |  |  |  |  |  |
| ELECTRICAL: U                     | INDGR            | RGHIN   | FINAL      |  |  |  |  |  |
| S                                 | ERV UPGR         |         |            |  |  |  |  |  |
| BUILDING: S                       | SITE             | FTG     | FNDT       |  |  |  |  |  |
| s                                 | TRUC             | ROOF    | <b>EXT</b> |  |  |  |  |  |
| v                                 | ENT              | ACCES   | EGRS       |  |  |  |  |  |
| s                                 | MKDT             | FINAL   |            |  |  |  |  |  |
| I                                 | SSUE TEMP OCCUP  | ISSUE   | OCCUP      |  |  |  |  |  |
| STRG SHED: SITE FINAL             |                  |         |            |  |  |  |  |  |
| SIGN: FTG FINAL                   |                  |         |            |  |  |  |  |  |
| FENCE: SITE FINAL                 |                  |         |            |  |  |  |  |  |
| MISC INSP: $4-4-02$               |                  |         |            |  |  |  |  |  |
| NOTES:                            |                  |         |            |  |  |  |  |  |
|                                   |                  |         |            |  |  |  |  |  |
|                                   |                  |         |            |  |  |  |  |  |
|                                   | 11.1             | ri.     |            |  |  |  |  |  |
| INSPECTOR INITIALS: 37/1/         |                  |         |            |  |  |  |  |  |

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## **QUILLEN BROS., INC.**

06902 U.S. 127, Bryan, OH 43506

PHONE: 419-636-1303 800-216-8311

FAX: 419-636-2773

| Proposal Submitted to Homeowner |                 |             | Work to be Performed at  |                                |                   |                  |   |
|---------------------------------|-----------------|-------------|--------------------------|--------------------------------|-------------------|------------------|---|
| Name: DALLAS Holiday            |                 |             | Street: Same             |                                |                   |                  |   |
| Street: 669 EUCLID AVE          |                 |             |                          |                                |                   |                  |   |
| City: NADO                      |                 |             |                          | City: State:                   |                   |                  |   |
|                                 |                 |             |                          | Home Phone:                    |                   |                  |   |
| Home Phone: 5                   | 92-162          | 5 Date: 13  | Feboz                    | Work Pho                       | ne:               |                  |   |
| Items Purchased                 | Total Units     | Screens W   | /indow Color<br>In / Out | Mulis<br>Removed               | New<br>Stools     | Capping<br>Color | Painting, staining or<br>decorating is not part |
| Double Hung                     | 5               | XL          | U.W                      |                                |                   | white            | of our contract                                 |
| 2 Lite Slider                   |                 | Items Cont. | Total Ur                 | oits Ty                        | pe of Currer      | st Window R      | temoval   |
| 3 Lite Slider                   |                 | Hoppers     |                          | Steel / Aluminum / Wood Storm  |                   | Storm            |   |
| Picture Window                  |                 | Patio Door  |                          |                                |                   | Grids /          |   |
| Awning                          |                 | Bay Window  | -                        | -                              | Interna<br>Coloni | or Fracti        | nal   |
| Single Casement                 | 150             | Bow Window  |                          |                                |                   |                  | 0110  |
| Double Casement                 |                 | OTHER:      |                          | Frosted Glass No. Top          |                   |                  |   |
| special Instructions            | /Grid Patterns: | TO Ca       | 15tom                    | manu-                          | SALESA            | GREEMEN          | T   |
| +ACTURE                         | Deli            | ier and     | d Insti                  | 711                            |                   | Finance          | : <u></u>                                       |
| the about no                    | IRACIE          | 6/ASS.      | AU.                      | MANU-                          | Total Sale        |                  | s_3308°   |
|                                 |                 |             |                          | HES Deposit with order \$ 3308 |                   | s 3308 4         |   |
| BREALASE WARROUT AND TO         |                 |             |                          | TITE                           | 745               |                  |   |
| FREE SERVICE Pledgo.            |                 |             |                          |                                | Payment o         | n Completion     | s PAID  |
|                                 |                 |             |                          |                                |                   | only for Finan   |   |
|                                 |                 |             |                          |                                | Approx. P         | ayment           |   |
|                                 |                 | AD          | DITION                   | AL TER                         |                   |                  | mo.   |
| IF FINANCII                     | NG, YOU'AL      | THORIZE A   | CREDIT INV               | ESTIGATIO                      | ON, INCLUI        | DING ACO         | UIRING PAY-OFF                                  |
| WINDOW 12 (                     | Jr DEB 15. t    | SY OUILLEN  | BROS., INC.              |                                |                   |                  |   |
| IF YOU ARE                      | PAYING B        | Y CASH YOU  | AGREE TO                 | PAY 1/3 rd I                   | JPON ORD          | ER AND 2/        | 3 rd UPON                                       |
| COMPLETIN                       | JN. IN THE F    | YENT UF MI  | INOR DEFE                | ግፐር ል፤ ጠርግ                     | ር ሶው ነገለ አፈ       | 1000 010         | 11/0/09/1999                                    |
|                                 |                 |             |                          |                                |                   |                  |   |
|                                 |                 |             |                          |                                |                   |                  |   |
|                                 |                 |             |                          |                                |                   |                  |   |
| ACCORDING                       | TO THE A        | BOVE TERMS  | CAND DAY                 | TELLION C                      | IF THE WO         | KK. IF YO        | OU AGREE TO<br>U FAIL TO PAY                    |

AMOUNT BECOMES IMMEDIATELY DUE AND YOU MUST PAY A COLLECTION COST EQUAL TO THE ACTUAL COSTS OF COLLECTION UP TO 15% OF THE TOTAL AMOUNT YOU OWE, PLUS ATTORNEY'S FEES AND COURT COSTS.

YOU THE BUYER MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THE ATTACHED NOTICE OF CANCELLATION FORM FOR AN EXPLANATION OF THIS RIGHT.

IF YOU CANCEL THIS CONTRACT ANY TIME SUBSEQUENT TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THE CONTRACT AND PRIOR TO THE START OF WORK. YOU AGREE TO PAY US THE DIFFERENCE BETWEEN OUR ESTIMATE OF THE COST OF MATERIAL AND LABOR AND THE AMOUNT OF THE TOTAL SALE (OUR LOST PROFIT). WE RESERVE THE RIGHT TO CANCEL THIS CONTRACT AT ANY TIME WITHIN THIRTY DAYS OF THE DATE OF THIS CONTRACT. IF WE CANCEL YOU WILL BE PROMPTLY NOTIFIED, IN WRITING BY AN AUTHORIZED OFFICER AND WE WILL RETURN ANY DEPOSIT YOU MAY HAVE MADE.

YOU THE BUYER IS RESPONSIBLE FOR OBTAINING ANY AND ALL BUILDING PERMITS REQUIRED TO COMPLETE THIS JOB.

THIS INSTRUMENT IS BASED UPON A HOME SOLICITATION SALE WHICH IS SUBJECT TO THE PROVISIONS OF THE HOME SOLICITATION SALES ACT. THIS INSTRUMENT IS NOT NEGOTIABLE.

By Signing below you acknowledge that you own the above property and that you agree to all of the terms of the contract. You also acknowledge that you have received a fully completed copy of this contract and two completed copies of the notice of cancellation and that you have been orally informed of your right to cancel.

| SALES REPRESENTATIVE:   | B Julyus                        |  |
|---|---------------------------------|--|
| *! (We) have read the terms stated her<br>setisfactory and hereby accept them.<br>SIGNATURE OF HOMEOWNER(S) | ein and they have been explaine | ed to me (us) and I (We) find them to be |
| 1 1 18  |                                 | 7  |