

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: 1528                      DATE ISSUED: 03-03-03                      ISSUED BY: BND

JOB LOCATION: 225 FILLMORE ST                      EST. COST:

LOT #:    SUBDIVISION NAME:

OWNER: PAHL, JEFF    AGENT: SELF  
ADDRESS: 14235 KINNER RD    ADDRESS:  
CSZ: DEFIANCE, OH 43512    CSZ:  
PHONE: 419-395-1651    PHONE:

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  
DEMO SHED

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
DEMOLITION PERMIT		10.00

TOTAL FEES DUE                      10.00

-----  
DATE

-----  
APPLICANT SIGNATURE



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SIZE - LGTH: WIDTH: STORIES: LIVING AREA SF:  
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WORK DESCRIPTION  
DEMO SHED

*NO  
SURE  
PLAN*

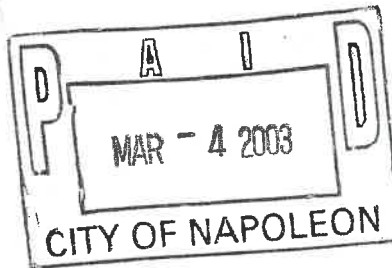
FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

DEMOLITION PERMIT

10.00



TOTAL FEES DUE

10.00

DATE

APPLICANT SIGNATURE



CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1528

DATE ISSUED: 03-03-2003

JOB LOCATION: 225 FILLMORE ST

OWNER: PAHL, JEFF

OWNER PHONE: 419-395-1651

CONTRACTOR: SELF

CONTRACTOR PHONE:

WORK DESCRIPTION: DEMO SHED

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: \_\_\_\_\_ *BMA* \_\_\_\_\_



# CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 2-28-03 JOB LOCATION 225 FILLMORE ST.

LOT # \_\_\_\_\_ SUBDIVISION NAME \_\_\_\_\_

OWNER JEFF PAHL PHONE 419-395-1051

OWNER ADDRESS 14235 KINNER RD. CITY DEFIANCE ZIP 43512

CONTRACTOR \_\_\_\_\_ PHONE \_\_\_\_\_

CONTRACTOR ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CONTRACTOR FAX # \_\_\_\_\_ CELL PHONE (Opt.) \_\_\_\_\_

DESCRIPTION OF WORK TO BE PERFORMED: DEMOLITION OF 8x10 WOOD FRAME BUILDING

ESTIMATED COST OF WORK TO BE PERFORMED: \_\_\_\_\_

## 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 Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_ St \_\_\_\_\_ Fax \_\_\_\_\_ Zip \_\_\_\_\_

Electrical Contractor Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_ St \_\_\_\_\_ Fax \_\_\_\_\_ Zip \_\_\_\_\_

Plumbing Contractor Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_ St \_\_\_\_\_ Fax \_\_\_\_\_ Zip \_\_\_\_\_

Heating Contractor Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_ St \_\_\_\_\_ Fax \_\_\_\_\_ Zip \_\_\_\_\_

Insulation Contractor Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_ St \_\_\_\_\_ Fax \_\_\_\_\_ 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 \_\_\_\_\_ Date \_\_\_\_\_

