

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: 99437                      DATE ISSUED: 12-09-99                      ISSUED BY: BND  
JOB LOCATION: 404 FILLMORE ST                      EST. COST: 31125.00

LOT #:    SUBDIVISION NAME:  
OWNER: STEVENS, ELOISE                      AGENT: TRI-COUNTY ROOFING I  
ADDRESS: 404 FILLMORE ST                      ADDRESS: 13771 CO RD 162  
CSZ: NAPOLEON, OH 43545                      CSZ: PAULDING, OH 45879  
PHONE: 419-592-1368                      PHONE: 419-399-3964

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

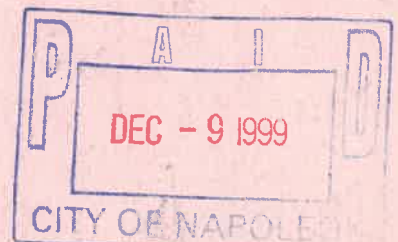
ROOFING, FOUNDATION,  
SOFFIT, WINDOWS, ELECTRICAL

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		101.00

TOTAL FEES DUE                      101.00

12/9/99  
-----  
DATE

-----  
APPLICANT SIGNATURE



# CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 12/9/99 JOB LOCATION 404 Fillmore St

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

OWNER Eloise Stevens PHONE 592-1368

OWNER ADDRESS 404 Fillmore St CITY Napoleon ZIP 43545

CONTRACTOR Tri-County Roofing PHONE 399-3964

CONTRACTOR ADDRESS 13771 R 162 CITY Pavling ZIP 45879

CONTRACTOR FAX # 399-9662 CELL PHONE (Opt.) \_\_\_\_\_

DESCRIPTION OF WORK TO BE PERFORMED: roof, foundation, gutters, soffit, doors, windows, electrical, heating, plumbing,

ESTIMATED COST OF WORK TO BE PERFORMED: 31,125 -

### 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 William L. Vaid Jr. Date 12/9/99