

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT
 255 West Riverview Avenue, Napoleon, Ohio 43545 - 419-592-4010

Permit No. 114-78 Issued 7/24/78
date

Job Location 413 Fillmore St.
address

Lot n/a
sub-div or legal discript

Issued By *A.D. Sonnenberg*
building official

Owner Ella Derwester
name tel.

Address 413 Fillmore St.

Agent Rob Shanks 599-3713
builder-eng.-etc. tel.

Address 920 Park St.

Description of Use Remodel Roof on garage

Residential XX(1)
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel XX

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 900.00

ZONING INFORMATION

district	lot dimensions	area	front yd	side yds	rear yd
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr

WORK INFORMATION:

Size: Length 20' Width 11' Stories 1 Ground Floor Area 240sq/ft

Height _____ Building Volume (for demo. permit) _____ cu. ft.

Electrical: _____
brief description

Plumbing: _____
brief description

Mechanical: _____
brief description

Sign: _____ Dimensions _____ Sign Area _____
type

Additional Information: CALL FOR FINAL INSPECTION:

Date 7-25-78 Applicant Signature *Robert Shanks*
owner-agent

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING	\$6.00	-0-	\$6.00
<input type="checkbox"/> ELECTRICAL			
<input type="checkbox"/> PLUMBING			
<input type="checkbox"/> MECHANICAL			
<input type="checkbox"/> DEMOLITION			
<input type="checkbox"/> ZONING			
<input type="checkbox"/> SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs		
	Elect. _____ hrs		
TOTAL FEES.....			\$6.00
LESS MIN. FEES PAID _____ <small>date</small>			-0-
BALANCE DUE.....			\$6.00

\$ 6.00

114-78

and under the following terms and conditions for the amount of \$6.00 to be paid upon the receipt of the contract, replacement of all materials and labor provided, which shall be for the full term of the contract, including all materials and labor provided for the full term of the contract.

Contractor's Name **ELLA DERWESTER** and address **413 FILMORE**

Client's Name **Rob SHANKS** address **900 PARK** phone **5993713**

Contract No. _____

Location of _____

Division _____

Contract Set Back _____

TEAR OFF OLD ROOF + RAFTERS + REDRICE WITH

NEW 2X6 RAFTERS + SHEETING 24" o.c.

20 11' SPAN

_____ Sq. Ft.

_____ Sq. Ft.

\$ 900.00

7-19-78

AGENT

