CITY OF NAPOLEON GENERAL PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTAL CONSTRUCTION INCLUDING BUILDING. ELECTRICAL. PLUMBING, MECHANICAL & REMODELING

DATE 6-14-16 JOB LOCATION 431 Fillnore		
OWNER Sherri Ward	TELEPHONE #	
OWNER ADDRESS 431 Fillmore		
CONTRACTOR DOC Rehab CI	CELL PHONE # 782 - 118 1	
DESCRIPTION OF WORK TO BE PERFORMED Rehab		

ESTIMATED COMPLETION DATE 8-1-76 ESTIMATED COST		
Affected Floor Area (AFA): In existing structures, it is the area affected by the improvement, i.e. a new wall dividing a room (the AFA would be only the room and not all the rooms).		
DESCRIPTION	FEE	TOTAL COST
BUILDING:		
Decks	\$25.00	\$
Addition & Alterations Square foot in (AFA) x \$0.05 = \$ +	\$25.00 =	\$
Garage and Shed over 200 SF (Detached)	\$25.00	\$
Siding and/or Roofing	\$25.00	\$
Windows/Doors > Both can be one permit per	\$25.00	\$ 2500
ELECTRICAL: Tom	Z	
Electrical Circuits in (AFA) x \$3.00/Circuit = \$ +	\$25.00 =	\$
Electrical Service Upgrade	\$25.00	\$
MECHANICAL:		
Water Heater	\$25.00	\$
Furnace and/or AC Replacement	\$25.00	\$
PLUMBING:		
Plumbing Traps in (AFA)x \$3.00/Trap = \$+	\$25.00 =	\$
TOTAL plus Ohio Board of Building Standa	rds Fee 1%	s ,25
, TO	TAL FEE:	s 25 25
I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON BUILDING/ZONING DEPARTMENT.		
thereby certify that I am the Owner of the named property, or that the proposed work is authorized by the Owner of record and that I have been authorized by the Owner to make this application as histher authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for Work described in this application is issued, I certify that the code official at the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit. I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.		
SIGNATURE OF APPLICANT: Bree Sholl DATE:	6-14-	16
PRINT NAME: Brice Sholl		
PERMIT # 3450 BATCH # CHECK # 2324	DATE	