

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: 1679

DATE ISSUED: 06-16-03

ISSUED BY: BND

JOB LOCATION: 711 FIRST ST

EST. COST: 27000.00

LOT #:

SUBDIVISION NAME:

OWNER: FLORY, BERNARD
ADDRESS: 711 FIRST ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-4707

AGENT: S & B CONSTRUCTION
ADDRESS: 11-367 ST RT 18
CSZ: HOLGATE, OH 43527
PHONE: 419-274-3573

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
REMOLDELING EX

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		91.00

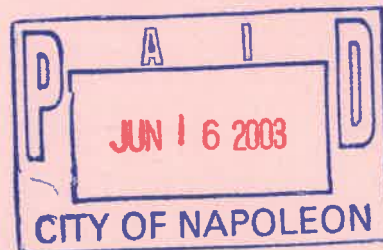
TOTAL FEES DUE 91.00

6-16-03

DATE

R. Scott Schuster

APPLICANT SIGNATURE



CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1679

DATE ISSUED: 06-16-2003

JOB LOCATION: 711 FIRST ST

OWNER: FLORY, BERNARD

OWNER PHONE: 419-592-4707

CONTRACTOR: S & B CONSTRUCTION

CONTRACTOR PHONE: 419-274-3573

WORK DESCRIPTION: REMOLDELING EX

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDDT _____

STRUC _____ ROOF _____ EXT _____

VENT _____ ACCES _____ EGRS _____

SMKDT _____ FINAL 2-9-04

ISSUE TEMP OCCUP _____ ISSUE OCCUP _____

STRG SHED: SITE _____ FINAL _____

SIGN: FTG _____ FINAL _____

FENCE: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

INSPECTOR INITIALS: BFP

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 6-16-03 *JOB LOCATION 711 First St.

LOT # _____ SUBDIVISION NAME _____

OWNER Bim Flory *PHONE 419-592-4707

OWNER ADDRESS 711 First St. *CITY Napoleon, Ohio ZIP 43545

CONTRACTOR STB Construction PHONE 419-274-3573

CONTRACTOR ADDRESS 11-367 St. Rt. 18 CITY Holgate, Ohio ZIP 43527

CONTRACTOR FAX # 419-274-8061 CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: Windows/Doors/Siding/Awnings/Gutters/Railings/Porch

ESTIMATED COST OF WORK TO BE PERFORMED: \$27,000⁰⁰

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 R. Scott Schwab *Date 6-16-03

Please complete one of these forms for each job.

