

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: 1583

DATE ISSUED: 04-21-03

ISSUED BY: BND

JOB LOCATION: 201 E FRONT ST

EST. COST: 5000.00

LOT #:

SUBDIVISION NAME:

OWNER: BULLOCK, TERRENCE
ADDRESS: 201 E FRONT ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-0077

AGENT: C F PLUMBING
ADDRESS: 403 E WASHINGTON ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-0306

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
FURNACE REPLACE
A/C ADD ON

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
MECHANICAL PERMIT		16.00

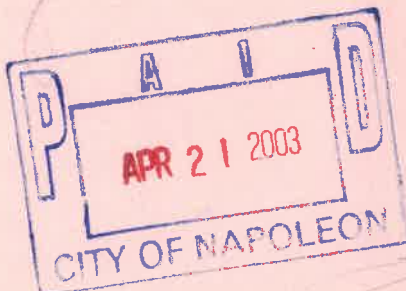
TOTAL FEES DUE 16.00

4-21-03

DATE

Ben Babcock

APPLICANT SIGNATURE



CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 4-21-03 JOB LOCATION 201 E Front St

LOT # _____ SUBDIVISION NAME _____

OWNER Terrence Bullock PHONE 419-599-0077

OWNER ADDRESS 201 E. Front St CITY Napoleon ZIP 43545

CONTRACTOR C.F. Plumbing & Heating PHONE 419-592-0304

CONTRACTOR ADDRESS 403 E. Washington CITY Napoleon ZIP 43545

CONTRACTOR FAX # _____ CELL PHONE (Opt.) 419-438-0044

DESCRIPTION OF WORK TO BE PERFORMED: Replace Furnace & install A/C

ESTIMATED COST OF WORK TO BE PERFORMED: *5000.00

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: Ronald E Bullock Date 4-21-03

