

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: 99397

DATE ISSUED: 10-25-99

ISSUED BY: END

JOB LOCATION: 225 E FRONT ST

EST. COST: 2000.00

LOT #:

SUBDIVISION NAME:

OWNER: FRANZ, GARY
ADDRESS: 225 E FRONT ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-4666

AGENT: VONDEYLEN PLBG & HTG
ADDRESS: 116 E CLINTON ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-4756

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 REPLACEMENT

FEE DESCRIPTION
MECHANICAL PERMIT



FEE AMOUNT DUE
5.00

TOTAL FEES DUE 5.00

DATE

APPLICANT SIGNATURE

APPLICATION FOR

Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit

FROM - The City of Napoleon, Ohio, Building Department

255 West Riverview Avenue; P.O. Box 151; Napoleon, Ohio 43545 - Telephone (419) 592-4010

ENTRY NO. _____			<u>Base</u>	<u>Plus</u>	<u>Total</u>
PERMIT NO. _____ ISSUED _____	() Building	\$ _____	\$ _____	\$ _____	
JOB LOCATION _____	() Electrical	\$ _____	\$ _____	\$ _____	
LOT _____	() Plumbing	\$ _____	\$ _____	\$ _____	
(Subdivision or Legal Description) _____	() Mechanical	\$ <u>5.00</u>	\$ _____	\$ <u>5.00</u>	
ISSUED BY _____	() Demolition	\$ _____	\$ _____	\$ _____	
(Building Official) _____	() Zoning	\$ _____	\$ _____	\$ _____	
OWNER <u>Gary Franz</u> PHONE <u>592-4666</u>	() Sign	\$ _____	\$ _____	\$ _____	
ADDRESS <u>225 E Front Napoleon OH</u>	() Water Tap	\$ _____	\$ _____	\$ _____	
AGENT <u>Von Deylen P&H</u> PHONE <u>592-4756</u>	() Sewer Tap	\$ _____	\$ _____	\$ _____	
ADDRESS <u>116 E. Clinton Napoleon</u>	() Temp Water	\$ _____	\$ _____	\$ _____	
USE: (A) Residential () Commercial () Industrial	() Temp Elec.	\$ _____	\$ _____	\$ _____	
() Other _____					
WORK: () New () Addition (A) Replacement () Remodel					
ESTIMATED COST = \$ <u>2000</u>	Additional Plan Review:	Structure _____	Electric _____	Hours _____	Hours _____

TOTAL FEES \$ 5.00
 Less Fees Paid \$ 5.00
 BALANCE DUE \$ —

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard

Max Height	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required-Date

WORK INFORMATION

Building: Ground Floor Area _____ sq. ft. Basement Floor Area _____ sq. ft.

Garage Floor Area _____ sq. ft. 2nd Floor Area _____ sq. ft. Other _____ sq. ft.

Size: Length _____ Width _____ Stories _____ Height _____

Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: _____