## CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

1/2/1				
DATE 1/20/15 JOB LOCATION 23	22 GMOG	in) st		
OWNER BRAD GERKEN		TELEPHON	NE# 419 - 460	- 7
OWNER ADDRESS 222 (TAI OF)	<7			
CONTRACTOR KEUW'S PLUMBING ;	HEATING	CELL PHON		
DESCRIPTION OF WORK TO BE PERFORMED	NAVIEW	Com 131	BOILER / WA	4764
			the	475
ESTIMATED COMPLETION DATE 1/20/15	ESTIMA	TED COST	\$5,700	
Affected Floor Area (AFA): In existing structures, it is the area affect only the room and not all the rooms).	ted by the improvement,	i.e. a new wall divid	ing a room (the AFA would	ld be
DESCRIPTION		FEE	TOTAL COOM	
BUILDING:		PRINE	TOTAL COST	E
Decks		\$25.00	\$	8
Addition & Alterations Square foot in (AFA)x	50.05 = \$	+ \$25.00 =		
Garage and Shed over 200 SF (Detached)		\$25.00	\$	
Siding and/or Roofing		\$25.00	\$	
Windows/Doors		\$25.00	\$	
ELECTRICAL:				
Electrical Circuits in (AFA) x \$3.00/Cir	rcuit = \$	+ \$25.00 =	\$	
Electrical Service Upgrade		\$25.00	\$	
IECHANICAL:				
Water Heater		\$25.00	\$ 25,00	
Furnace and/or AC Replacement		\$25.00	\$	
LUMBING:				
Plumbing Traps in (AFA) x \$3.00/Tra	ap = \$	+ \$25.00 =	\$	
TOTAL plus Ohio	Board of Building Sta	andards Foo 100	\$ .25	
		muuus ree 1 70		
FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCT LTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND	URAL ALTERATION, FLE	TOTAL FEE:	\$ 25.25	
RMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE C	ITY OF NAPOLEON BUILD	DIALL BE UNDERTAK ING/ZONING DEDADA	EN OR PERFORMED UNTIL	THE
trepy certify that I am the Owner of the named property, or that the proposed work is autho	rized by the Owner of record an	nd that I have been author	ized by the Owner to make this	
plication as his/her authorized agent and I agree to conform to all applicable laws of the jut code official or the code official's authorized representative shall have the authority to ent plicable to such permit.	risdiction. In addition, if a perm er areas covered by such permit	uit for Work described in t at any reasonable hour to	his application is issued, I certify enforce the provisions of the con-	that le(s)
EREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDER				. (=)
	DAT	1/21	15	
INT NAME: SEFE KOLL MAN				
PMIR S (VVI)	1/1×	经基础 医现代性 解	1001	
BATCH#	CHECK #_ 1 () ()	DATE	123/15	