

P E R M I T

CITY OF NAPOLEON
255 W. REVERVIEW AVE
NAPOLEON, OHIO 43545

DIVISION OF BUILDING & ZONING
PH (419) 592-4010
FAX (419) 599-8393

PERMIT NO: 325

DATE ISSUED: 09-18-00

ISSUED BY: MBS

JOB LOCATION: 222 GARDEN ST

EST. COST: 14049.00

LOT #:

SUBDIVISION NAME:

OWNER: GERKEN, BRAD
ADDRESS: 222 GARDEN ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-3301

AGENT: CLEAR CHOICE W&P INC
ADDRESS: 1028 OTTOKEE ST
CSZ: WAUSEON, OH 43567
PHONE: 419-335-2323

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

WINDOWS, SOFFIT & SIDING

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

BUILDING PERMIT

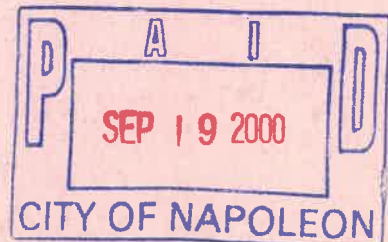
67.00

TOTAL FEES DUE

67.00

DATE

APPLICANT SIGNATURE



CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 9/6/00 JOB LOCATION 222 Garden St Napoleon Oh.

LOT # _____ SUBDIVISION NAME _____

OWNER Mr & Mrs Gerke PHONE 599 3301

OWNER ADDRESS SAME CITY _____ ZIP _____

CONTRACTOR Clear Choice Windows & Patio INC. PHONE 419 337 2323

CONTRACTOR ADDRESS 1028 Offtake St. CITY Wauseon ZIP 43567

CONTRACTOR FAX # 419 337 3976 CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: Windows & Siding

ESTIMATED COST OF WORK TO BE PERFORMED: 14,049.00

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 [Signature] Date 9/6/00