

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: 97415

DATE ISSUED: 10-22-97

ISSUED BY: BND

JOB LOCATION: 230 GLENWOOD AVE

EST. COST: 10000.00

LOT #:

SUBDIVISION NAME:

OWNER: GARY MALONE  
ADDRESS: 857 E GRACEWAY DR  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-9339

AGENT: SELF  
ADDRESS:  
CSZ:  
PHONE:

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: X ADD'N: ALTER: REMODEL:

WORK INFORMATION

E - LGTH: WIDTH: STORIES: LIVING AREA SF:  
GARAGE AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION

ROOF REPLACEMENT (WALLS & TRUSSES)

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

BUILDING PERMIT

57.00

TOTAL FEES DUE

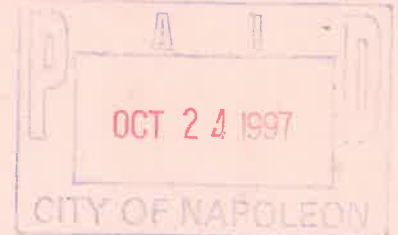
57.00

10/23/97

DATE

*Gary L. Malone*

APPLICANT SIGNATURE



CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 97415

DATE ISSUED: 10-22-97

JOB LOCATION: 230 GLENWOOD AVE

OWNER: GARY MALONE

OWNER PHONE: 419-592-9339

CONTRACTOR: SELF

CONTRACTOR PHONE:

WORK DESCRIPTION: ROOF REPLACEMENT (WALLS & TRUSSES)

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 \_\_\_\_\_

              ISSUE TEMP OCCUP \_\_\_\_\_    ISSUE OCCUP \_\_\_\_\_

STRG SHED:    SITE \_\_\_\_\_    FINAL \_\_\_\_\_

SIGN:         FTG \_\_\_\_\_    FINAL \_\_\_\_\_

FENCE:        SITE \_\_\_\_\_    FINAL \_\_\_\_\_

MISC INSP: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSPECTOR INITIALS: \_\_\_\_\_