

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

255 West Riverview Avenue, Napoleon, Ohio 43545 - 419-592-4010

Permit No. 01265 Issued 10-29-86
date

Job Location 980 Glenwood Ave.
address

Lot 1 & 2 Glenwood Add.
sub-div or legal discript

Issued By Eldon Huber
building official

Owner Carolyn Kolhe 592-9203
name tel.

Address 980 Glenwood Ave.

Agent Jim Bryant
builder-eng.-etc. tel.

Address Co. Rd. 3

Description of Use Residence

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter X Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 10,000.00

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING	3.00	21.00	24.00
<input type="checkbox"/> ELECTRICAL			
<input checked="" type="checkbox"/> PLUMBING	3.00		3.00
<input type="checkbox"/> MECHANICAL			
<input type="checkbox"/> DEMOLITION			
<input type="checkbox"/> ZONING			
<input type="checkbox"/> SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			\$27.00
LESS MIN. FEES PAID _____			
BALANCE DUE.....			

ZONING INFORMATION

district	lot dimensions	area	front yd	side yds	rear yd
A	120' X 120'	14,400 S.F.	30' Min.	7' Min.	15' Min.
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr
35' Max.	2 - Min.		35% Max		

WORK INFORMATION:

N.A.

PAID
OCT 29 1986
CITY OF NAPOLEON

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____

Height _____ Building Volume (for demo. permit) _____ cu. ft.

Electrical: _____
brief description

Plumbing: _____
brief description

Mechanical: _____
brief description

Sign: _____ Dimensions _____ Sign Area _____
type

Additional Information: New Kitchen Cabinets, new windows and enlarge Bathroom

Date 10-29-86 Applicant Signature Carolyn Kolhe
owner-agent

CITY OF NAPOLEON
BUILDING INSPECTION DEPARTMENT
APPLICATION FOR BUILDING PERMIT
(Please print or type)

The undersigned hereby makes application for construction, installation, or alteration work as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Building Codes.

Location of project 980 Glenwood Ave. Cost of project \$10,000
5-92-9203
Owner's Name Carolyn Kolhe Address 980 Glenwood Ave
Contractor Jim Bryant Telephone No. 875-5358
Address Co Rd 3

Lot Information: (Not required for siding job)

Lot No. _____ Subdivision _____
Zoning District _____ Lot Size _____ ft. X _____ ft. Area _____ sq. ft.
Setbacks: Front _____ Right Side _____ Left Side _____ Rear _____

Work Information:

Residential Commercial _____ Industrial _____
New Construction _____ Addition _____ Remodel
Accessory Building _____ Siding _____

Brief Description of Work:----- new cabinets in kitchen - make bathroom
bigger - new fixtures - repair & replace windows

Size: Length _____ Width _____ No. of Stories _____
Area: 1st Floor _____ sq. ft. Basement _____ sq. ft.
2nd Floor _____ sq. ft. Accessory Bldg. _____ sq. ft.
3rd Floor _____ sq. ft. Other _____ sq. ft.

Additional Information: _____

APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING: ELEVATIONS, FLOOR PLANS, CROSS SECTIONS AND PLOT PLAN. IF ADDITION OR REMODELING, SHOW ALL EXISTING STRUCTURES AND THEIR SIZE AND LOCATION. ALL PLANS SHALL BE DRAWN TO SCALE.

Date 10-22-86 Applicant's Signature Carolyn Kolhe

PERMIT NO. 1265
PERMIT FEE \$ 27.00

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT
 255 West Riverview Avenue, Napoleon, Ohio 43545 - 419-592-4010

1265

Permit No. [REDACTED] Issued 10/23-86 date

Job Location 980 GLENWOOD AVE address

Lot 1+2 GLENWOOD ADD. sub-div or legal discript

Issued By FX building official

Owner CAROLYN KOLHE 592-9203 name tel.

Address 980 GLENWOOD AVE

Agent JIM BRYANT builder-eng.-etc. tel.

Address CARD 3

Description of Use RESIDENCE

Residential 1 no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter X Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ ~~10,000~~ 10,000.

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING	3.00	21.00	24.00
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<input type="checkbox"/> ZONING			
<input type="checkbox"/> SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			27.00
LESS MIN. FEES PAID _____ date _____			
BALANCE DUE.....			

ZONING INFORMATION

district	lot dimensions	area	front yd	side yds	rear yd
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max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr
35' MAX	2-MIN		35%		

WORK INFORMATION: N.A.

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____

Height _____ Building Volume (for demo. permit) _____ cu. ft.

Electrical: _____ brief description _____

Plumbing: _____ brief description _____

Mechanical: _____ brief description _____

Sign: _____ type _____ Dimensions _____ Sign Area _____

Additional Information: NEW KITCHEN CABINETS, NEW WINDOWS AND
ENLARGE BATHROOM

Date 10-29-86 Applicant Signature Carolyn Kolhe owner-agent

