

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: 114

DATE ISSUED: 05-15-00

ISSUED BY: BND

JOB LOCATION: 980 GLENWOOD AVE

EST. COST: 6950.00

LOT #:

SUBDIVISION NAME:

OWNER: STEELE, BOB
ADDRESS: 980 GLENWOOD AVE
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-1340

AGENT: TRI-COUNTY ROOFING I
ADDRESS: 13771 CO RD 162
CSZ: PAULDING, OH 45879
PHONE: 419-399-3964

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 SP:
GARAGE AREA SP: HEIGHT: BLDG VOL DEMO PERMIT:

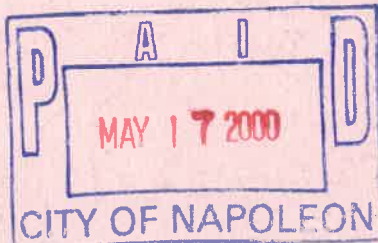
WORK DESCRIPTION
REMODEL

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		51.00

TOTAL FEES DUE 51.00

DATE

APPLICANT SIGNATURE



CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 4/24/00 JOB LOCATION 980 Glenwood Ave

LOT # _____ SUBDIVISION NAME _____

OWNER Bob Steele PHONE 419-599-1340

OWNER ADDRESS 980 Glenwood Ave CITY Napoleon ZIP 43545

CONTRACTOR Tri-County Roofing Inc PHONE 419-399-3964

CONTRACTOR ADDRESS 13771 CR 162 CITY Poultney ZIP 45879

CONTRACTOR FAX # 419-399-9662 CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: roofing, gutters, electrical, interior doors

ESTIMATED COST OF WORK TO BE PERFORMED: 6950-

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, the undersigned, 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 Ronda Dosh Date 4/24/00

980 BURNWOOD

KITCHEN ENCLOSURE
BY RELOCATING CABINETS,

BATH ROOM ENCLOSURE
BY MOVING CLOSET

NO BEARING WALLS INVOLVED

NO DWG'S REQUIRED