

PERMIT

City of Napoleon
255 W. Riverview
Napoleon, OH 43545

Division of Building and Zoning
PH (419) 592-4010
FAX (419) 599-8393

Permit No: 001955

Date Issued: 11-20-03

Issued by: BND

Job Location: 821 W GRACEWAY DR

Est. Cost: 500.00

Lot #:

Subdivision Name:

Owner: STAHL, BRIAN
Address: 821 W GRACEWAY DR
CSZ: NAPOLEON, OH 43545
Phone: 419-592-2375

Agent: KEVINS PLBG & HTG IN
Address: 806 STRYKER ST
CSZ: ARCHBOLD, OH 43502
Phone: 419-445-4715

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:	Addn'n:	Alter:	Remodel:
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WORK INFORMATION

Size - Lgth:	Width:	Stories:	Living Area SF:
Garage Area SF:	Height:	Bldg Vol Demo Permit:	

WORK DESCRIPTION

REPLACE SEWER FROM STREET TO HOME

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
SEWER INSPECTION PER		25.00



Total Fees Due 25.00

11-20-03
Date

[Signature]
Applicant Signature

USA WMM

City of Napoleon Inspection Form

Permit #001955

Date Issued: 11-20-2003

Job Location: 821 W GRACEWAY DR

Owner: STAHL, BRIAN

Owner Phone: 419-592-2375

Contractor: KEVINS PLBG & HTG INC

Contractor Phone: 419-445-4715

Work Description: REPLACE SEWER FROM STREET TO HOME

Plumbing: UNDGR _____ RGHIN _____ FINAL _____

 SEWER INSP 11-20 _____

Mechanical: UNDGR _____ RGHIN _____ FINAL _____

 FURNACE REPLAC _____ AIR COND _____

Electrical: UNDGR _____ RGHIN _____ FINAL _____

 SEVR UPGR _____

Building: Site _____ FTG _____ FNDDT _____

 STRU _____ ROOF _____ EXT _____

 VENT _____ ACCES _____ EGRS _____

 SMKDT _____ FINAL _____

 ISSUE TEMP OCCUP _____ ISSUE OCCUP _____

STGE Shed: SITE _____ FINAL _____

Sign: FTG _____ FINAL _____

Fence: SITE _____ FINAL _____

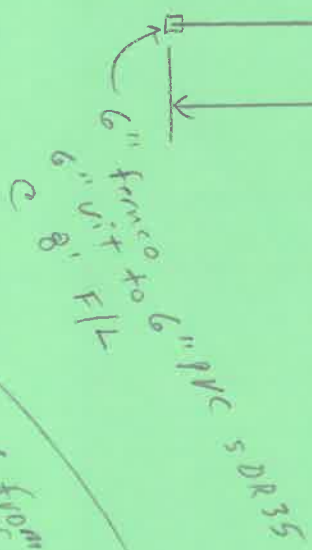
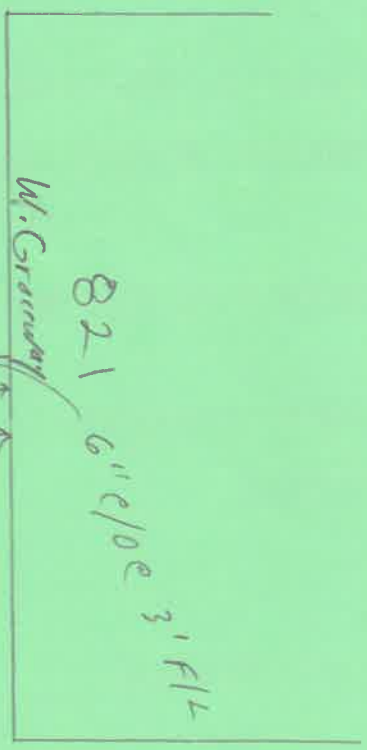
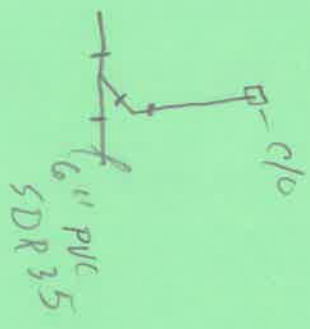
MISC INSP: _____

NOTES: _____

INSPECTORS INITIALS: BNP

Kevin's P/ty Ardhol

11-20-03



8'
slotted from 3' to 8'
NO + Hings

REQUEST TO ABATE NUISANCE

DATE REQUEST MADE: _____

ADDRESS OF ALLEDGED PUBLIC NUISANCE:

NATURE OF REQUEST:

PROPERTY OWNERS NAME: _____

PROPERTY OWNERS ADDRESS: _____

PROPERTY OWNERS PHONE NUMBER (IF KNOWN): _____

REQUESTING PARTIES NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

CHECKED DATE: _____ BY: _____

ACTION NEEDED: _____

LETTER TYPE #: _____