

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: 434

DATE ISSUED: 12-01-00

ISSUED BY: BND

JOB LOCATION: 867 W GRACEWAY DR

EST. COST: 600.00

LOT #:

SUBDIVISION NAME:

OWNER: WILLANDER, CHRIS
ADDRESS: 867 W GRACEWAY DR
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-7111

AGENT: JERRY GLANZ TRENCHIN
ADDRESS: 6 LAKEVIEW DR
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-4103

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
SEWER REPAIRS

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
SEWER INSPECTION PER		25.00

TOTAL FEES DUE 25.00

DATE

APPLICANT SIGNATURE



Form No. 100
Date: 11-01-00
15000 N.Y. Ave

For Location: 401 W Broadway St
City: Napoleon, Ohio

Submitting Agency: [Blank]

Address: 401 W Broadway St
City: Napoleon, Ohio 44069
Phone: 419-385-1212

Other: [Blank]

Agency: [Blank]

Form: [Blank]

Other: [Blank]

Other: [Blank]

Other: [Blank]

Other: [Blank]

Other: [Blank]

Other: [Blank]

Other: [Blank]

Other: [Blank]

Other: [Blank]

Other: [Blank]

Other: [Blank]

Other: [Blank]

Other: [Blank]



CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 434

DATE ISSUED: 12-01-2000

JOB LOCATION: 867 W GRACEWAY DR

OWNER: WILLANDER, CHRIS

OWNER PHONE: 419-592-7111

CONTRACTOR: JERRY GLANZ TRENCHING

CONTRACTOR PHONE: 419-599-4103

WORK DESCRIPTION: SEWER REPAIRS

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP X

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 _____

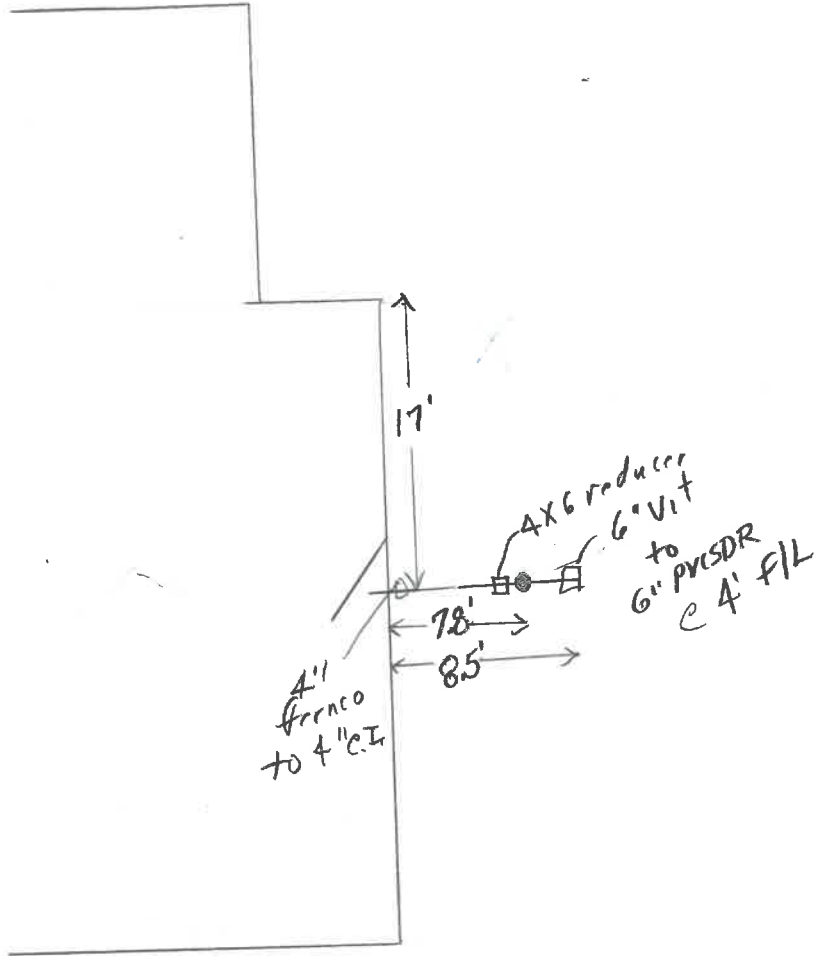
SIGN: FTG _____ FINAL _____

FENCE: SITE _____ FINAL _____

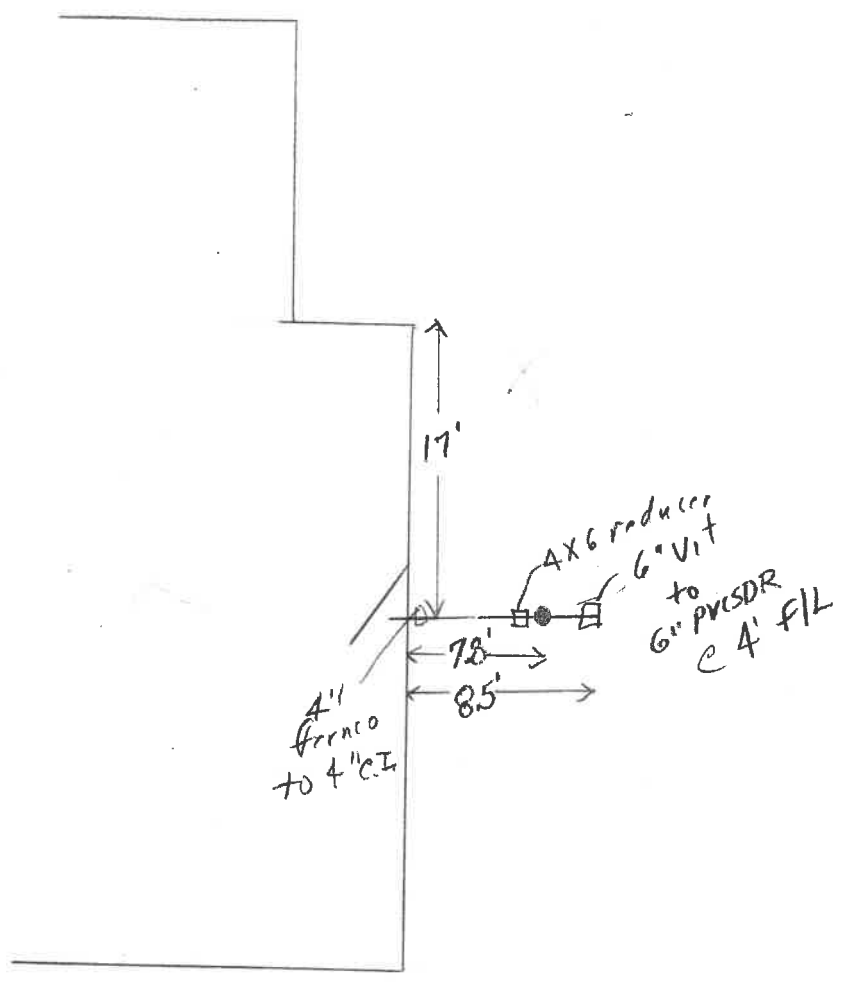
MISC INSP: _____

NOTES: See reverse side

INSPECTOR INITIALS: _____



2017 07 27 10:00 AM



2014 02 27 0 37 19.00

