

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: 1573

DATE ISSUED: 04-14-03

ISSUED BY: BND

JOB LOCATION: 933 W GRACEWAY DR

EST. COST: 3000.00

LOT #:

SUBDIVISION NAME:

OWNER: ROBINSON, ROGER
ADDRESS: 933 W GRACEWAY DR
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-6433

AGENT: VONDEYLEN PLBG & HTG
ADDRESS: 116 E CLINTON ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-4756

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
FURNACE REPLACEMENT

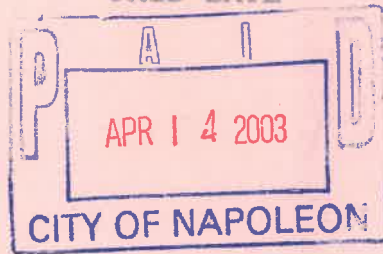
FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

MECHANICAL PERMIT

5.00



TOTAL FEES DUE

5.00

DATE

APPLICANT SIGNATURE

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1573

DATE ISSUED: 04-14-2003

JOB LOCATION: 933 W GRACEWAY DR

OWNER: ROBINSON, ROGER

OWNER PHONE: 419-592-6433

CONTRACTOR: VONDEYLEN PLBG & HTG

CONTRACTOR PHONE: 419-592-4756

WORK DESCRIPTION: FURNACE REPLACEMENT

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: _____



CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 4-11-03 JOB LOCATION _____

LOT # _____ SUBDIVISION NAME _____

OWNER Roger Robinson PHONE 592-6433

OWNER ADDRESS 933 W Graceway CITY Napoleon ZIP 43545

CONTRACTOR Von Deylen Plbg+Htg, Inc PHONE 592-4756

CONTRACTOR ADDRESS 116 E Clinton CITY Napoleon ZIP 43545

CONTRACTOR FAX # 592-2545 CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: Replace furnace.

ESTIMATED COST OF WORK TO BE PERFORMED: 3000

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 by signing below 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 Randall L. Fisher Date 4-11-03

\$ 5.00

