

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: 93

DATE ISSUED: 04-26-00

ISSUED BY: MBS

JOB LOCATION: 605.5 HALEY AVE

EST. COST: 4000.00

LOT #:

SUBDIVISION NAME:

OWNER: FRUCHEY, KEITH
ADDRESS: 16-203 ST RT 424
CSZ: NAPOLEON, OH 43545
PHONE: 419-762-5152

AGENT: GUSTWILLER ELECTRIC
ADDRESS: 1822 SPRUCE ST
CSZ: DEPIANCE, OH 43512
PHONE: 419-782-6762

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: X ADD'N: ALTER: REMODEL:

WORK INFORMATION

SIZE - LGTH: WIDTH: STORIES: LIVING AREA SF:
GARAGE AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION
ELEC SERVICE UPGRADE

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
ELECTRICAL PERMIT		15.00

TOTAL FEES DUE 15.00

4-26-00

DATE

John Gustweller

APPLICANT SIGNATURE



STATE OF NEW YORK
COUNTY OF ...
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CITY OF ...
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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 605 1/2 Haley St

LOT # _____ SUBDIVISION NAME _____

OWNER Keith Fruchey PHONE 419-592-5567

OWNER ADDRESS 605 1/2 Haley St CITY Napoleon ZIP 43545

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

CONTRACTOR ADDRESS 13771 CR 162 CITY Poultney ZIP 45879

CONTRACTOR FAX # 419-399-9162 CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: roof, soffit, fascia, siding, gutters, cont foundation

ESTIMATED COST OF WORK TO BE PERFORMED: ~~_____~~ - 22,340-

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 Ronda [Signature] Date 4/24/00

