

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

MIT NO: 97312

DATE ISSUED: 08-18-97

ISSUED BY: BND

JOB LOCATION: 950 HARMONY DR

EST. COST: 4000.00

LOT #:

SUBDIVISION NAME: BRICKYARD ADD

OWNER: LAMBERT, AL  
ADDRESS: 950 HARMONY DR  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-9650

AGENT: SONNENBERG, ROGER  
ADDRESS: 1219 INDIANA AVE  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-7221

USE TYPE - RESIDENTIAL: X

OTHER:

ZONING INFORMATION

DIST: LOT DIM: AREA: FYRD: 30 SYRD: 7 RYRD: 15  
MAX HT: 45 # PKG SPACES: # LOADING SP: MAX LOT COV:

BOARD OF ZONING APPEALS:

WORK TYPE - NEW: REPLMNT: ADD'N: X ALTER: REMODEL:

WORK INFORMATION

SIZE - LGTH: 18 WIDTH: 13 STORIES: 1 LIVING AREA SF: 234  
PAGE AREA SF: HEIGHT: 14 BLDG VOL DEMO PERMIT:

WORK DESCRIPTION

ADDITION (FAMILY ROOM) 13 X 18

FEE DESCRIPTION

PAID DATE

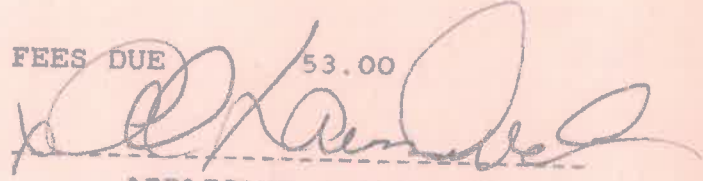
FEE AMOUNT DUE

BUILDING PERMIT 45.00  
ELECTRICAL PERMIT 6.00  
MECHANICAL PERMIT 2.00

TOTAL FEES DUE 53.00

08-18-97

DATE



APPLICANT SIGNATURE



CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 97312

DATE ISSUED: 08-18-97

JOB LOCATION: 950 HARMONY DR

OWNER: LAMBERT, AL

OWNER PHONE: 419-592-9650

CONTRACTOR: SONNENBERG, ROGER

CONTRACTOR PHONE: 419-592-7221

WORK DESCRIPTION: ADDITION (FAMILY ROOM) 13 X 18

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: \_\_\_\_\_

