

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: 545

DATE ISSUED: 04-12-01

ISSUED BY: BND

JOB LOCATION: 965 HARMONY DR

EST. COST: 1850.00

LOT #:

SUBDIVISION NAME:

OWNER: HARDY, MATT  
ADDRESS: 965 HARMONY DR  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-0758

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





**APPLICATION FOR**

Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit

FROM - The City of Napoleon, Ohio, Building Department

255 West Riverview Avenue; P.O. Box 151; Napoleon, Ohio 43545 - Telephone (419) 592-4010

ENTRY NO. _____		<u>Base</u>	<u>Plus</u>	<u>Total</u>
PERMIT NO. _____ ISSUED _____	( ) Building	\$ _____	\$ _____	\$ _____
JOB LOCATION <u>965 N. Harmony</u>	( ) Electrical	\$ _____	\$ _____	\$ _____
LOT _____	( ) Plumbing	\$ _____	\$ _____	\$ _____
(Subdivision or Legal Description) _____	( ) Mechanical	\$ <u>5.00</u>	\$ _____	\$ <u>5.00</u>
ISSUED BY _____	( ) Demolition	\$ _____	\$ _____	\$ _____
(Building Official) _____	( ) Zoning	\$ _____	\$ _____	\$ _____
OWNER <u>Matt Hardy</u> PHONE <u>592-0758</u>	( ) Sign	\$ _____	\$ _____	\$ _____
ADDRESS <u>965 N. Harmony</u>	( ) Water Tap	\$ _____	\$ _____	\$ _____
AGENT <u>Von Deylen P+H</u> PHONE <u>592-4756</u>	( ) Sewer Tap	\$ _____	\$ _____	\$ _____
ADDRESS <u>116 E Clinton Napoleon OH</u>	( ) Temp Water	\$ _____	\$ _____	\$ _____
USE: ( <input checked="" type="checkbox"/> ) Residential ( ) Commercial ( ) Industrial	( ) Temp Elec.	\$ _____	\$ _____	\$ _____
( ) Other _____				
WORK: ( ) New ( ) Addition ( <input checked="" type="checkbox"/> ) Replacement ( ) Remodel				
ESTIMATED COST = \$ <u>1850 =</u>	Additional Plan Review:	Structure _____	Electric _____	Hours _____

TOTAL FEES . . . . . \$ 5.00  
 Less Fees Paid . . . . . \$ 5.00  
 BALANCE DUE . . . . . \$ —

**ZONING INFORMATION**

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard

  

Max Height	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Perition or Appeal Required-Date

**WORK INFORMATION**

Building: Ground Floor Area \_\_\_\_\_ sq. ft. Basement Floor Area \_\_\_\_\_ sq. ft.

Garage Floor Area \_\_\_\_\_ sq. ft. 2nd Floor Area \_\_\_\_\_ sq. ft. Other \_\_\_\_\_ sq. ft.

Size: Length \_\_\_\_\_ Width \_\_\_\_\_ Stories \_\_\_\_\_ Height \_\_\_\_\_

Building Volume (for Demolition Permit) \_\_\_\_\_ cubic feet

Description of Work: Replace furnace.

ELECTRICAL: Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ ESTIMATED COST = \$ \_\_\_\_\_

Type of Work: ( ) New ( ) Service Change ( ) Rewiring ( ) Add'l Wiring TEMPORARY ELEC. REQUIRED - ( ) Yes ( ) No

Size of Service \_\_\_\_\_ Underground \_\_\_\_\_ Overhead \_\_\_\_\_ Number of New Circuits \_\_\_\_\_

Description of Work: \_\_\_\_\_

PLUMBING: Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ ESTIMATED COST = \$ \_\_\_\_\_

WATER TAP REQUIRED - ( ) Yes ( ) No Size \_\_\_\_\_ Type of Pipe \_\_\_\_\_ Water Dist. Pipe \_\_\_\_\_

SANITARY SEWER TAP REQUIRED - ( ) Yes ( ) No Size \_\_\_\_\_ Type of Pipe \_\_\_\_\_ Dr. Waste Vt. Pipe \_\_\_\_\_

STREET SEWER TAP REQUIRED - ( ) Yes ( ) No Type of Pipe \_\_\_\_\_ STREET TO BE OPENED - ( ) Yes ( ) No

Main Building Drain Size = \_\_\_\_\_ Main Vent Pipe Size = \_\_\_\_\_

LIST NUMBER OF PLUMBING FIXTURES BELOW:

Water Closets = \_\_\_\_\_ Bathtubs = \_\_\_\_\_ Showers = \_\_\_\_\_ Lavatories = \_\_\_\_\_ Kitchen Sinks = \_\_\_\_\_ Disposal = \_\_\_\_\_

Clothes Washer = \_\_\_\_\_ Floor Drains = \_\_\_\_\_ Dishwasher = \_\_\_\_\_ Other \_\_\_\_\_ Total = \_\_\_\_\_

Description of Work: \_\_\_\_\_

MECHANICAL: Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ ESTIMATED COST = \$ \_\_\_\_\_

HEATING SYSTEM - ( ) Forced Air ( ) Gravity ( ) Hot Water ( ) Steam ( ) Unit Heaters ( ) Radiant ( ) Baseboard

TYPE OF FUEL - ( ) Electric ( ) Natural Gas ( ) Propane ( ) Wood ( ) Coal ( ) Solar ( ) Geothermal Other \_\_\_\_\_

NUMBER OF HEAT ZONES = \_\_\_\_\_ HOT WATER - ( ) One (1) Pipe ( ) Two (2) Pipes ( ) Series Loop

ELECTRIC HEAT - Number of Circuits \_\_\_\_\_ Number of Furnaces \_\_\_\_\_ Number of Hot Air Runs \_\_\_\_\_

Number of Hot Water Radiators \_\_\_\_\_ Total Heat Loss \_\_\_\_\_ Rated Capacity of Furnace/Boiler \_\_\_\_\_

LOCATION OF HEATING UNITS - ( ) Crawl Space ( ) Floor Level ( ) Attic ( ) Suspended ( ) Roof ( ) Outside

Description of Work: \_\_\_\_\_

DRAWINGS REQUIRED: All applications must be accompanied by two (2) complete sets of Drawings including Site Plans, Foundation Plans, Floor Plans, Structural Framing Plans, Exterior Elevations, Section and Details, Stair Details, Electrical Layout, Plumbing Isometric, Heating Layout, etc. All Plans shall be drawn to scale, show all existing structure on the Site Plans, and show electric panel and furnace locations.

READ AND SIGN BELOW: The undersigned hereby makes application for a Permit for all work described herein and agrees to complete the work in strict accordance with all applicable provisions of the current edition of the C.A.B.O. Building Code, the Napoleon Building and Zoning Codes, the Napoleon Engineering Department Rules and Regulations, Standard Specifications and other pertinent sections of the Napoleon Code of Ordinances.

Signature of Applicant *Randall L. Fisher* Date 4-5-01