

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: 1448                      DATE ISSUED: 12-20-02                      ISSUED BY: MRD

JOB LOCATION: 540 HIGH ST                      EST. COST:

LOT #:                      SUBDIVISION NAME:

OWNER: SMALL, ANDY  
ADDRESS: 544 HIGH ST  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-4010

AGENT: LJ IRVING & SONS INC  
ADDRESS: 13899 CO RD R  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-8456

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:

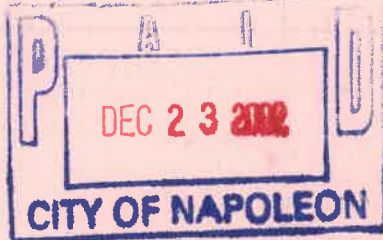
WORK TYPE - NEW:                      REPLMNT:                      ADD'N:                      ALTER:                      REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION  
TEARING DOWN HOME

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
DEMOLITION PERMIT		10.00



TOTAL FEES DUE                      10.00

12/23/02  
-----  
DATE

*[Handwritten Signature]*  
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APPLICANT SIGNATURE

DIVISION OF BUILDING & ZONING  
Rm (419) 202-2210  
YAX (419) 202-2247

F E R M I T

CITY OF NAPOLÉON  
222 W. HIVERVIEW AVE  
NAPOLÉON, OHIO 43845

PERMIT NO: 1248 DATE ISSUED: 12-28-81 ISSUED BY: MRH

JOB LOCATION: 222 HIGH ST EST. COST:

LOT #: SUBDIVISION NAME:

OWNER: SMALL, RUDY ADDRESS: 222 HIGH ST  
CITY: NAPOLÉON, OH 43845 PHONE: 419-281-2212  
AGENT: L.J. LEVING & SONS INC ADDRESS: 12899 CO RD R  
CITY: NAPOLÉON, OH 43845 PHONE: 419-282-8484

USE TYPE - RESIDENTIAL OTHER:

ZONING INFORMATION

DIST: LOT DIM: AREA: YRDS: YRDS: YRDS: YRDS:  
MAX FT: # EXG BEACER: # LANDING BR: MAX LOT COV: YRDS: YRDS:

BOARD OF ZONING APPEALS:

WORK TYPE - REMOVAL: REPAIR: ADD'N: ALTER: REMOVAL:

WORK INFORMATION

BASE - LUM: GARAGE AREA SQ FT: HEIGHT: WIDTH: STORIES: LIVING AREA SQ FT: BLDG VOL (CUBIC FEET):

WORK DESCRIPTION  
TEARING DOWN WORK

PER DESCRIPTION PAID DATE THE AMOUNT DUE

25.00



18.00

TOTAL FEE DUE

APPLICANT SIGNATURE

DATE

12/28/81

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: 1448

DATE ISSUED: 12-20-02

ISSUED BY: MRD

JOB LOCATION: 540 HIGH ST

EST. COST:

LOT #:

SUBDIVISION NAME:

OWNER: SMALL, ANDY  
ADDRESS: 544 HIGH ST  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-4010

AGENT: LJ IRVING & SONS INC  
ADDRESS: 13899 CO RD R  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-8456

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:

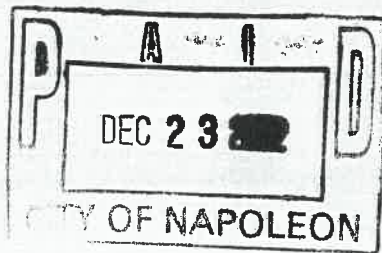
WORK TYPE - NEW: REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION  
TEARING DOWN HOME *ok*

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
DEMOLITION PERMIT		10.00



TOTAL FEES DUE 10.00

*12/23/02*

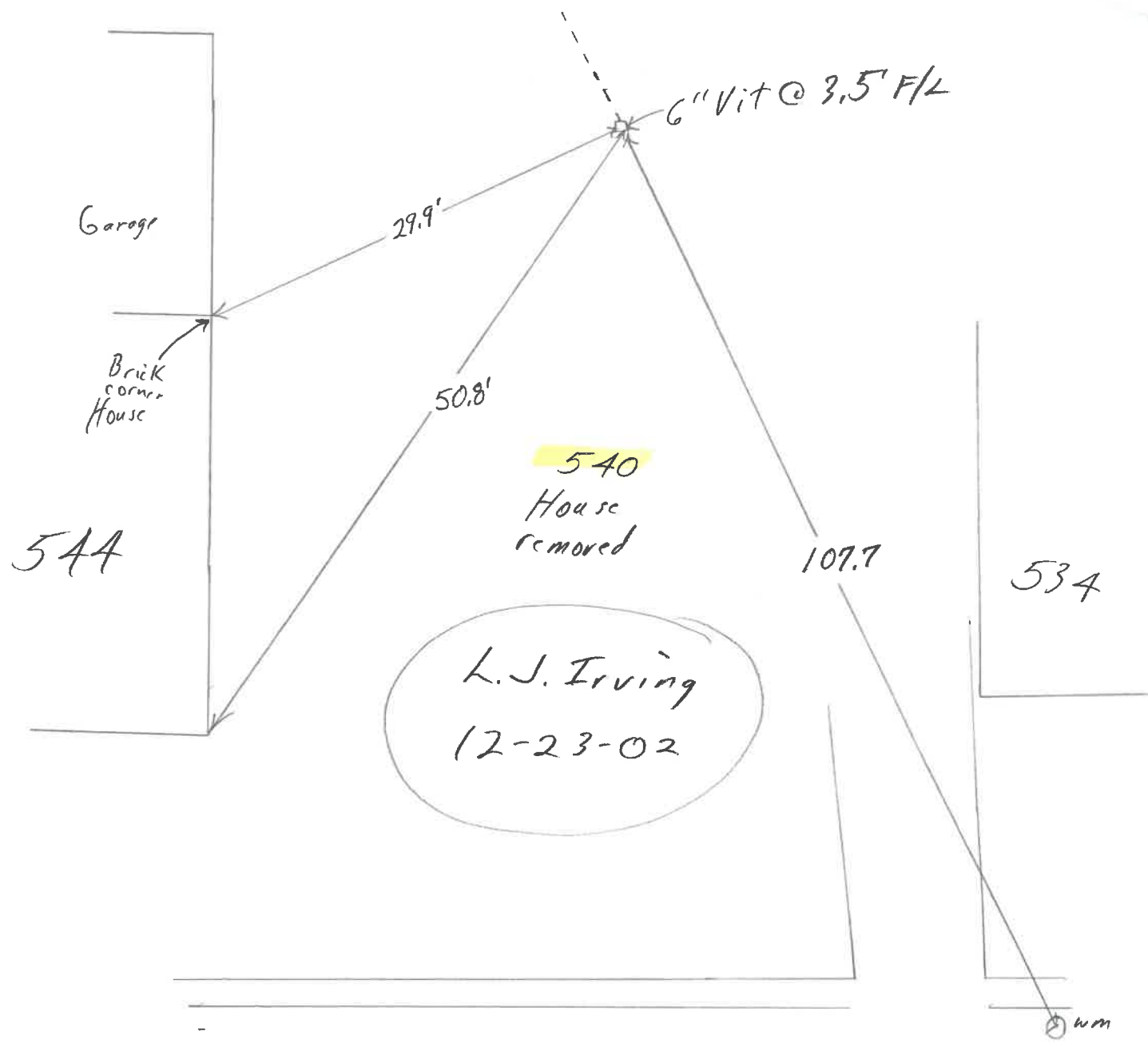
DATE

*[Handwritten Signature]*

APPLICANT SIGNATURE



Haley Ave.



High St.



CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1448

DATE ISSUED: 12-20-2002

JOB LOCATION: 540 HIGH ST

OWNER: SMALL, ANDY

OWNER PHONE: 419-592-4010

CONTRACTOR: LJ IRVING & SONS INC

CONTRACTOR PHONE: 419-592-8456

WORK DESCRIPTION: TEARING DOWN HOME

PLUMBING: UNDGR \_\_\_\_\_ RGHIN \_\_\_\_\_ FINAL \_\_\_\_\_

SEWER INSP 12-24-02

MECHANICAL: UNDGR \_\_\_\_\_ RGHIN \_\_\_\_\_ FINAL \_\_\_\_\_

FURNACE REPLC \_\_\_\_\_ AIR COND \_\_\_\_\_

ELECTRICAL: UNDGR \_\_\_\_\_ RGHIN \_\_\_\_\_ FINAL \_\_\_\_\_

SERV UPGR \_\_\_\_\_

BUILDING: SITE \_\_\_\_\_ FTG \_\_\_\_\_ FNDT \_\_\_\_\_

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: BJM

