CITY OF NAPOLEON GENERAL PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMOLITIONS & REMODELING

DATE 10-15-09JOB LOCATION 1035 HIGHLAN	10	
OWNER Howard Mutchell	TELEPHONE #	200
OWNER ADDRESS 1035 Highland	JELEPHONE #	592-1217
CONTRACTOR Elling Plb+Htg	CELL PHONE #	100
DESCRIPTION OF WORK TO BE PERFORMED Jurnace	replace	ment
ESTIMATED COMPLETION DATE 16-19-09 ESTIMATE	о совт <u>30</u>	0000
Affected Floor Area (AFA): In existing structures, it is the area affected by the improve AFA would be only the room and not all the rooms).	nent, i.e. a new wall	dividing a room (the
DESCRIPTION	FEE	TOTAL COST
	+ \$25.00 = \$	
	+ \$25.00 = \$	
Plumbing Traps in (AFA) x \$3.00/Trap = \$	+ \$25.00 = \$	
Siding and/or Roofing	\$25.00 \$	
Windows/Doors	\$25.00 \$	
Decks	\$25.00 \$	
Garage and Shed over 250 SF (Detached)	\$25.00 \$	
Electrical Service Upgrade	\$25.00 \$	
Water Heater	\$25.00 \$	
Furnace and/or AC Replacement	\$25.00 S	25,00
MBP (100.3100.46510)	Subtotal: \$	
(100.0000.42700) PLUS Ohio Board of Building Standards F	ee + 1% s	0,25
	TOTAL FEE: S	25,25
I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION, ELECT ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SEA PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON BUILDING	RICAL OR MECHANICA ALL BE UNDERTAKEN O G/ZONING DEPARTMEN	L INSTALLATION OR OR PERFORMED UNTIL THE
I hereby certify that I om the Owner of the named property, or that the proposed work is authorized by the Owner of record only application as history authorized agent and I ogresse to conform to all applicable laws of the jurisdiction. In addition, if a permit the code official or the code official s authorized representative shall have the authority to enter areas covered by such permit al applicable to such permit.	for Work described in this ap t any reasonable hour to enfo	
I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LIST	TED INSTRUCTIONS	
SIGNATURE OF APPLICANT: DATE:	:	
PRINT NAME:		
BATCH# CHECK# DAT	E	
	M:\Building & Zoning\Tom-word do	co/Brilding/PERMIT APPLICATION 2 2009.600