

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: 1034 DATE ISSUED: 03-15-02 ISSUED BY: MRD
JOB LOCATION: 1045 HIGHLAND AVE EST. COST: 1500.00

LOT #: SUBDIVISION NAME:

OWNER: HULL, JENNIFER AGENT: SELF
ADDRESS: 1045 HIGHLAND AVE ADDRESS:
CSZ: NAPOLEON, OH 43545 CSZ:
PHONE: 419-592-0472 PHONE:

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
DECK 12X30
REAR

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		18.00

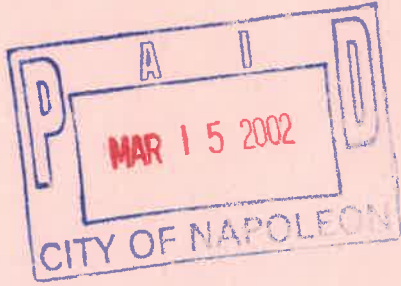
TOTAL FEES DUE 18.00

3-15-02

DATE

John K Hull

APPLICANT SIGNATURE



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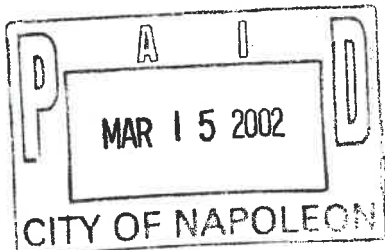
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APPLICANT SIGNATURE



CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1034

DATE ISSUED: 03-15-2002

JOB LOCATION: 1045 HIGHLAND AVE

OWNER: HULL, JENNIFER

OWNER PHONE: 419-592-0472

CONTRACTOR: SELF

CONTRACTOR PHONE:

WORK DESCRIPTION: DECK 12X30

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: _____

CITY OF NAPOLEON OHIO PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTIAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMOLITION, REMODELING.

DATE 3-14-02 JOB LOCATION 1045 HIGHLAND AVE

LOT # _____ SUBDIVISION NAME _____

OWNER John & Jennifer Hill PHONE 419-599-0336

OWNER ADDRESS 1045 Highland Ave CITY ~~MAHON~~ Napoleon ZIP 43545

CONTRACTOR [Signature] PHONE _____

CONTRACTOR ADDRESS _____ CITY _____ ZIP _____

CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: DECK 7

ESTIMATED COST OF WORK TO BE PERFORMED: 1500⁰⁰

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 [Signature] Date 3-14-02

