

PERMIT
CITY OF NAPOLEON - BUILDING DEPARTMENT

255 West Riverview Avenue, Napoleon, Ohio 43545 - 419-592-4010

Permit No. 01986 Issued 5-14-90
date

Job Location 907 Hobson
address

Lot 183 Phillips & Staffords 4th ADD
sub-div or legal discript

Issued By _____
building official

Owner Mike Wagner 592-1426
name tel.

Address 907 Hobson, Napoleon, OH 43545

Agent Damman Plbg. & Htg. 758-3116
builder-eng.-etc. tel.

Address P.O. Box 311, Okolona, OH

Description of Use residence

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel x

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 1600.00

ZONING INFORMATION

district	lot dimensions		area	front yd	side yds	rear yd
C						
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd		date appr

WORK INFORMATION:

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____

Height _____ Building Volume (for demo. permit) _____ cu. ft.

Electrical: _____
brief description

Plumbing: _____
brief description

Mechanical: add on central air conditioning
brief description

Sign: _____ Dimensions _____ Sign Area _____
type

Additional Information: _____

Date 5-14-90 Applicant Signature *Scott W. Damman* owner-agent

PAID

MAY 14 1990

CITY OF NAPOLEON

APPLICATION
for
RESIDENTIAL BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, PERMITS and DEMOLITION PERMIT
from the
CITY OF NAPOLEON - BUILDING DEPARTMENT

Entry No. _____

255 West Riverview Ave. Napoleon, Ohio 43545 Pn. 419-592-4010

Permit No. 01986 Issued 5-14-90

Job Location 907 Hobson

Lot ^{P7} 183 PHILLIPS & STAFFORDS 4TH ADD
sub-div. or legal disc.

Issued By FH
building official

Owner Mike Wagner Pn. 592-1426

Address 907 Hobson Napoleon Oh

Agent Danner Pbg + Htg Pn. 758-3116

Address P.O. Box 311 Okolona, Oh

Description of Use Residence

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 1600.00

Ck. Permits Reg.	Base	Fees Plus	Total
Building	_____	_____	_____
Electrical	_____	_____	_____
Plumbing	_____	_____	_____
<input checked="" type="checkbox"/> Mechanical	<u>18.00</u>	_____	<u>18.00</u>
Demolition	_____	_____	_____
Zoning	_____	_____	_____
Sign	_____	_____	_____
Water tap	_____	_____	_____
Sewer Tap	_____	_____	_____
Temp. Water	_____	_____	_____
Temp. Elec.	_____	_____	_____
Additional struc. plan review	_____ hrs	_____	_____
Elect. review	_____ hrs	_____	_____
Total Fees	_____	_____	<u>18.00</u>
Less Min. Fees Pd.	_____	_____	_____
Balance Due	_____	_____	_____

-ZONING INFORMATION

district	lot dimensions	area	front yd	side yds.	rear yd
<u>C</u>	_____	_____	_____	_____	_____
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd.	date appr

WORK INFORMATION:

BUILDING: Garage Fl. Area _____ Basement Fl. Area _____ Second Floor Area _____

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____

Height _____ Building Volume (for demo. permit) _____ cu. ft.

Description of Work: _____

