

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

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

Permit No. 01044 Issued June 10, 1985
date

Job Location 911 Hobson
address

Lot _____
sub-div or legal discript

Issued By Richard G. Hayman
building official

Owner Robert Mc Corkle
name tel.

Address 911 Hobson

Agent Jim Bryant
builder-eng.-etc. tel.

Address Delta

Description of Use Remove rear roof and replace
with Aspenite and new shingles

Residential Single
no. dwelling units

Commercial _____ Industrial _____

New Add'n. Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 850.00

FEE	BASE	PLUS	TOTAL
BUILDING			6.00
ELECTRICAL			
PLUMBING			
MECHANICAL			
DEMOLITION			
ZONING			
SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs		
	Elect. _____ hrs		
TOTAL FEES			6.00
LESS MIN. FEES PAID			-00-
		<small>date</small>	
BALANCE DUE			6.00

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:

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

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

Electrical: _____
brief description

Plumbing: _____
brief description

Mechanical: _____
brief description

Sign: _____ Dimensions _____ Sign Area _____

Additional Information: _____

PAID
 JUN 10 1985
 CITY OF NAPOLEON

X Date 6-10-85 Applicant Signature Robert M. Corkle
owner-agent

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

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

Permit No. 01011 Issued June 10, 1985
date

Job Location 911 Hobson
address

Lot _____
sub-div or legal discript

Issued By Richard G. Hayman
building official

Owner Robert Mc Corkle
name tel.

Address 911 Hobson

Agent Jim Bryant
builder-eng.-etc. tel.

Address Delga

Description of Use Remove rear roof and replac
with Asponite and new shingles

Residential Single
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 850.00

FEES	BASE	PLUS	TOTAL
BUILDING			6.00
ELECTRICAL			
PLUMBING			
MECHANICAL			
DEMOLITION			
ZONING			
SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			6.00
LESS MIN. FEES PAID _____			-00-
BALANCE DUE.....			6.00

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: _____
brief description

Sign: _____ type Dimensions _____ Sign Area _____

Additional Information: _____

Date 6-10-85 Applicant Signature Robert Mc Corkle
owner-agent

PERMITS
CITY OF LOS ANGELES - PUBLIC WORKS DEPARTMENT
THE CITY ENGINEER'S OFFICE - DIVISION OF PERMITS

01810

NO.	DATE	DESCRIPTION	APPLICANT	ENGINEER	STATUS
1	1910
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50

NO.	DATE	DESCRIPTION	APPLICANT	ENGINEER	STATUS
51
52
53
54
55
56
57
58
59
60


 CITY OF LOS ANGELES
 PUBLIC WORKS DEPARTMENT
 DIVISION OF PERMITS

CITY OF NAPOLEON
BUILDING INSPECTION DEPARTMENT
APPLICATION FOR BUILDING PERMIT
(Please print or type)

The undersigned hereby makes application for construction, installation, or alteration work as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Building Codes.

Location of project 911 HOBSON Cost of project \$850⁰⁰
Owner's Name ROBERT McCORKLE Address 911 HOBSON
Contractor JIM BRYANT Telephone No. _____
Address DELTA

Lot Information: (Not required for siding job)

Lot No. _____ Subdivision _____
Zoning District _____ Lot Size _____ ft. X _____ ft. Area _____ sq. ft.
Setbacks: Front _____ Right Side _____ Left Side _____ Rear _____

Work Information:

Residential SINGLR Commercial _____ Industrial _____
New Construction _____ Addition _____ Remodel _____
Accessory Building _____ Siding _____

Brief Description of Work: ----- REMOVE Rear Roof and
replace with aspen board & new shingles

Size: Length _____ Width _____ No. of Stories _____
Area: 1st Floor _____ sq. ft. Basement _____ sq. ft.
2nd Floor _____ sq. ft. Accessory Bldg. _____ sq. ft.
3rd Floor _____ sq. ft. Other _____ sq. ft.

Additional Information: _____

APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING: ELEVATIONS, FLOOR PLANS, CROSS SECTIONS AND PLOT PLAN. IF ADDITION OR REMODELING, SHOW ALL EXISTING STRUCTURES AND THEIR SIZE AND LOCATION. ALL PLANS SHALL BE DRAWN TO SCALE.

Date June 7, 85 Applicant's Signature Robert McCorkle

DRAW PLOT PLAN REVERS SIDE

PERMIT NO. 1644
PERMIT FEE \$ 6.00

PLOT PLAN

