

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: 1121

DATE ISSUED: 05-09-02

ISSUED BY: MRD

JOB LOCATION: 381 INDEPENDENCE CRT

EST. COST: 4500.00

LOT #:

SUBDIVISION NAME:

OWNER: KELSALL, ALVERY
ADDRESS: 381 INDEPENDENCE CRT
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-2009

AGENT: KEVINS PLBG & HTG IN
ADDRESS: 806 STRYKER ST
CSZ: ARCHBOLD, OH 43502
PHONE: 419-445-4715

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
NEW FURNACE

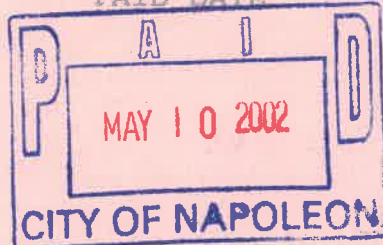
FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

MECHANICAL PERMIT
REINSPECTION

5.00
25.00



TOTAL FEES DUE 30.00

5-10-02

DATE

APPLICANT SIGNATURE

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1121

DATE ISSUED: 05-09-2002

JOB LOCATION: 381 INDEPENDENCE CRT

OWNER: KELSALL, ALVERY

OWNER PHONE: 419-592-2009

CONTRACTOR: KEVINS PLBG & HTG INC

CONTRACTOR PHONE: 419-445-4715

WORK DESCRIPTION: NEW FURNACE

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC 5-9-02 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 4-29-02 * JOB LOCATION 381 Independence Court

LOT # _____ SUBDIVISION NAME _____

* OWNER AVERY & Cecile Kelsall * PHONE 419-592-2009

OWNER ADDRESS 381 Independence Ct. * CITY Napoleon ZIP 43545

* CONTRACTOR KEVINS PLUMBING & HEATING PHONE 419-445-4715

* CONTRACTOR ADDRESS 906 Stryker ST CITY Archbold ZIP 43502

* CONTRACTOR FAX # 419-446-2130 CELL PHONE (Opt.) _____

* DESCRIPTION OF WORK TO BE PERFORMED: FURNACE & AIR CONDITIONER

* ESTIMATED COST OF WORK TO BE PERFORMED: \$4000⁰⁰

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 _____

Please complete one of these forms for each job.

