

City of Napoleon Inspection Form

Permit #001978

Date Issued: 12-18-2003

Job Location: 407 INDEPENDENCE CRT

Owner: PROMEDICA HEALTH CENTER

Owner Phone:

Contractor: HARMON SIGN

Contractor Phone: 419-841-6656

Work Description: SIGN REPLACEMENT

Plumbing: UNDGR_____ RGHIN_____ FINAL_____

 SEWER INSP_____

Mechanical: UNDGR_____ RGHIN_____ FINAL_____

 FURNACE REPLAC_____ AIR COND_____

Electrical: UNDGR_____ RGHIN_____ FINAL_____

 SEVR UPGR_____

Building: Site_____ FTG_____ FNDDT_____

 STRU_____ ROOF_____ EXT_____

 VENT_____ ACCES_____ EGRS_____

 SMKDT_____ FINAL_____

 ISSUE TEMP OCCUP_____ ISSUE OCCUP_____

STGE Shed: SITE_____ FINAL_____

Sign: FTG_____ FINAL_____

Fence: SITE_____ FINAL_____

MISC INSP: _____

NOTES: _____

INSPECTORS INITIALS: _____