KH 12-023

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMOLITIONS & REMODELING

DATE 4/27/13 JOB LOCATION 1075 INCIGITY	Ave, Napoleon, OH 43545
OWNER LAVY Gribler	TELEPHONE #419-599-0381
OWNER ADDRESS SANU AS above.	
CONTRACTOR TRI- COUNTY ROOFING	CELL PHONE # 4/19-599-396
DESCRIPTION OF WORK TO BE PERFORMED ROSING	
ESTIMATED COMPLETION DATE	ESTIMATED COST \$8570
Affected Floor Area (AFA): In existing structures, it is the area affected by the improvement, i.e. a new wall dividing a room (the AFA would be only the room and not all the rooms).	
DESCRIPTION	FEE TOTAL COST
Addition & Alterations Square foot in (AFA) x \$0.05 = \$	+ \$25.00 = \$
Electrical Circuits in (AFA) x \$3.00/Circuit = \$	+ \$25.00 = \$
Plumbing Traps in (AFA) x \$3.00/Trap = \$	+ \$25.00 = \$
Siding and/or Roofing	\$25.00 \$ 25,00
Windows/Doors	\$25.00 \$
Decks	\$25.00 \$
Garage and Shed over 250 SF (Detached)	\$25.00 \$
Electrical Service Upgrade	\$25.00 \$
Water Heater	\$25.00 \$
Furnace and/or AC Replacement	\$25.00 \$
MBP (100.3100.4	6510) Subtotal: \$ 25.00
(100.0000.42700) PLUS Ohio Board of Building	Standards Fee + 1% \$,25
I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERFORMENT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON BUILDING/ZONING DEPARTMENT. I hereby certify that I am the Owner of the named property, or that the proposed work is authorized by the Owner of record and that I have been authorized by the Owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for Work described in this application is issued, I certify that applicable to such permit. I HEREBY ACKNOWLEDGE THAT I HAVE READ AND JULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.	
	ABOVE LISTED INSTRUCTIONS.
SIGNATURE OF APPLICANT:	DATE:
PRINT NAME:	
BATCH # 26572 CHECK # 9615	DATE 7-9-12