#### PERMIT

## CITY OF NAPOLEON, OHIO — DEPT. OF BUILDING & ZONING 255 W. Riverview Avenue, Napoleon, Ohio 43545 (419) 592-4010

| Permit No840                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                  | Date June 8,1984                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|
| Job Location 1185 Indiana Address                                                                                                                                                                                                                                                                                                            | Valuation \$                                                                                                                                                     | 500.00                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                              | Address 1185 Indiana                                                                                                                                             |                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                              | Telephone No                                                                                                                                                     | 592–4676                                                                |  |
| Address                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                  |                                                                         |  |
| Electric Contractor                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                  |                                                                         |  |
| Plumbing Contractor                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                  |                                                                         |  |
| Mechanical Contractor                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                  |                                                                         |  |
| This permit is issued for work described in the mitted, as approved by the Building Commissi conform to all pertinent construction and lan                                                                                                                                                                                                   | ioner of the City of Napoleon.                                                                                                                                   | Ohio, Work shall                                                        |  |
| Work Information:                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                  |                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                              | Indus                                                                                                                                                            |                                                                         |  |
| New ConstructionAddition                                                                                                                                                                                                                                                                                                                     | XRem                                                                                                                                                             | odel                                                                    |  |
| Brief Description of Work Roof over patio                                                                                                                                                                                                                                                                                                    | ,                                                                                                                                                                |                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                  |                                                                         |  |
| t is the owners or contractors responsibility to call the building Department for the following (X) inspections:                                                                                                                                                                                                                             | PERM                                                                                                                                                             | IIT & FEES                                                              |  |
|                                                                                                                                                                                                                                                                                                                                              | <b>PERM</b><br>Building Permit                                                                                                                                   | IIT & FEES<br>\$6.00                                                    |  |
| Footing excavation prior to placing concrete.                                                                                                                                                                                                                                                                                                |                                                                                                                                                                  |                                                                         |  |
| Footing drains and foundation prior                                                                                                                                                                                                                                                                                                          | Building Permit                                                                                                                                                  |                                                                         |  |
| Footing excavation prior to placing concrete.  Footing drains and foundation prior to backfill.                                                                                                                                                                                                                                              | Building Permit Electrical Permit                                                                                                                                | \$6.00<br>\$                                                            |  |
| Footing drains and foundation prior                                                                                                                                                                                                                                                                                                          | Building Permit Electrical Permit Plumbing Permit                                                                                                                | \$ 6.00<br>\$ \$ \$                                                     |  |
| Footing excavation prior to placing concrete.  Footing drains and foundation prior to backfill.  Prepared sub-grade prior to placing                                                                                                                                                                                                         | Building Permit Electrical Permit Plumbing Permit Mechanical Permit                                                                                              | \$ 6.00<br>\$ \$ \$                                                     |  |
| Footing excavation prior to placing concrete.  Footing drains and foundation prior to backfill.  Prepared sub-grade prior to placing concrete floor slab.  Sanitary sewer  Rough-in electrical, plumbing and                                                                                                                                 | Building Permit Electrical Permit Plumbing Permit Mechanical Permit Demolition Permit Zoning Permit Sign Permit                                                  | \$ 6.00<br>\$ \$ \$                                                     |  |
| Footing excavation prior to placing concrete.  Footing drains and foundation prior to backfill.  Prepared sub-grade prior to placing concrete floor slab.  Sanitary sewer  Rough-in electrical, plumbing and service framing prior to installing                                                                                             | Building Permit Electrical Permit Plumbing Permit Mechanical Permit Demolition Permit Zoning Permit Sign Permit Water Tap                                        | \$ 6.00<br>\$ \$ \$                                                     |  |
| Footing excavation prior to placing concrete.  Footing drains and foundation prior to backfill.  Prepared sub-grade prior to placing concrete floor slab.  Sanitary sewer  Rough-in electrical, plumbing and service framing prior to installing wall board.                                                                                 | Building Permit Electrical Permit Plumbing Permit Mechanical Permit Demolition Permit Zoning Permit Sign Permit Water Tap Sewer Tap                              | \$ 6.00<br>\$ \$ \$                                                     |  |
| Footing excavation prior to placing concrete.  Footing drains and foundation prior to backfill.  Prepared sub-grade prior to placing concrete floor slab.  Sanitary sewer  Rough-in electrical, plumbing and service framing prior to installing                                                                                             | Building Permit Electrical Permit Plumbing Permit Mechanical Permit Demolition Permit Zoning Permit Sign Permit Water Tap Sewer Tap Temp. Elec.                  | \$ 6.00<br>\$ \$ \$                                                     |  |
| Footing excavation prior to placing concrete.  Footing drains and foundation prior to backfill.  Prepared sub-grade prior to placing concrete floor slab.  Sanitary sewer  Rough-in electrical, plumbing and service framing prior to installing wall board.  Final electrical, plumbing and                                                 | Building Permit Electrical Permit Plumbing Permit Mechanical Permit Demolition Permit Zoning Permit Sign Permit Water Tap Sewer Tap                              | \$ 6.00<br>\$ \$ \$                                                     |  |
| Footing excavation prior to placing concrete.  Footing drains and foundation prior to backfill.  Prepared sub-grade prior to placing concrete floor slab.  Sanitary sewer  Rough-in electrical, plumbing and service framing prior to installing wall board.  Final electrical, plumbing and heating.                                        | Building Permit Electrical Permit Plumbing Permit Mechanical Permit Demolition Permit Zoning Permit Sign Permit Water Tap Sewer Tap Temp. Elec. Other            | \$ 6.00<br>\$ \$ \$                                                     |  |
| Footing excavation prior to placing concrete.  Footing drains and foundation prior to backfill.  Prepared sub-grade prior to placing concrete floor slab.  Sanitary sewer  Rough-in electrical, plumbing and service framing prior to installing wall board.  Final electrical, plumbing and heating.  X Final building inspection, prior to | Building Permit Electrical Permit Plumbing Permit Mechanical Permit Demolition Permit Zoning Permit Sign Permit Water Tap Sewer Tap Temp. Elec. Other TOTAL FEES | \$ 6.00<br>\$ 5<br>\$ 5<br>\$ 5<br>\$ 5<br>\$ 5<br>\$ 5<br>\$ 5<br>\$ 5 |  |
| Footing excavation prior to placing concrete.  Footing drains and foundation prior to backfill.  Prepared sub-grade prior to placing concrete floor slab.  Sanitary sewer  Rough-in electrical, plumbing and service framing prior to installing wall board.  Final electrical, plumbing and heating.  X Final building inspection, prior to | Building Permit Electrical Permit Plumbing Permit Mechanical Permit Demolition Permit Zoning Permit Sign Permit Water Tap Sewer Tap Temp. Elec. Other            | \$ 6.00<br>\$ 5<br>\$ 5<br>\$ 5<br>\$ 5<br>\$ 5<br>\$ 5<br>\$ 5<br>\$ 5 |  |

#### PERMIT

### CITY OF NAPOLEON, OHIO — DEPT. OF BUILDING & ZONING 255 W. Riverview Avenue, Napoleon, Ohio 43545 (419) 592-4010

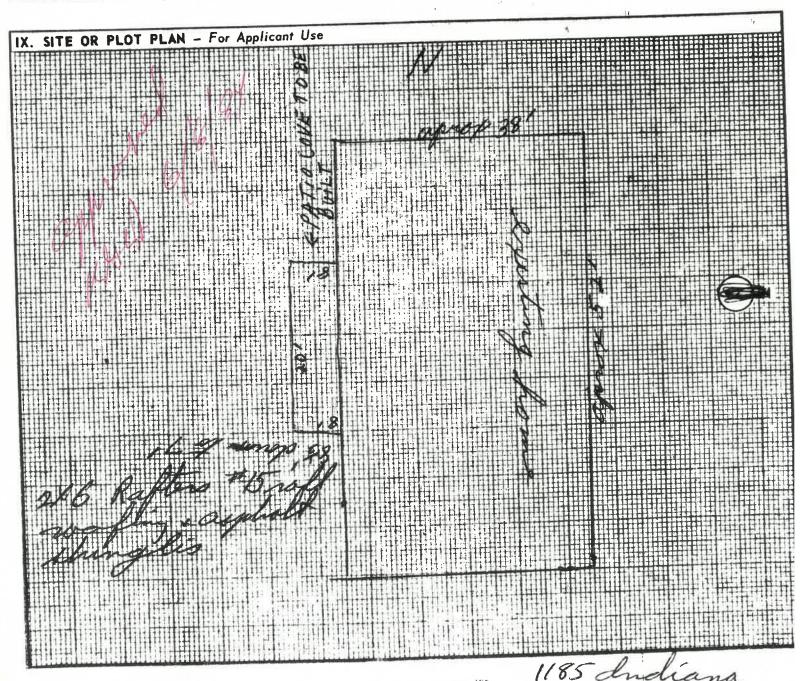
| Permit No                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date June 8,1984                                     |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--|--|
| ob Location 1185 Indiana                                                                                                                                                                                                                                                                                                                                                                                                  | The state of the s | Date                                                 |  |  |
| Owner_Joseph J. Distel                                                                                                                                                                                                                                                                                                                                                                                                    | Valuation \$Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      |  |  |
| OntractorName                                                                                                                                                                                                                                                                                                                                                                                                             | Telephone No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 592-4676                                             |  |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1745-6                                               |  |  |
| ectric Contractor                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |  |  |
| lumbing Contractor                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |  |  |
| lechanical Contractor                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |  |  |
| This permit is issued for work described in the plans, specifications, and/or application submitted, as approved by the Building Commissioner of the City of Napoleon, Ohio. Work shall conform to all pertinent construction and land use Codes and Ordinances.                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |  |  |
| ork Information: esidentialCommercial                                                                                                                                                                                                                                                                                                                                                                                     | Industri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ial                                                  |  |  |
| ew Construction Addition                                                                                                                                                                                                                                                                                                                                                                                                  | Remo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | del                                                  |  |  |
| rief Description of Work Roofmover patie                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |  |  |
| s the owners or contractors responsibility to call the ilding Department for the following (x) inspections:                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |  |  |
| (A) Mepolitical                                                                                                                                                                                                                                                                                                                                                                                                           | PERMI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | T & FEES                                             |  |  |
| Footing excavation prior to placing concrete.                                                                                                                                                                                                                                                                                                                                                                             | Building Permit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                                                   |  |  |
| Footing excavation prior to placing                                                                                                                                                                                                                                                                                                                                                                                       | Building Permit Electrical Permit Plumbing Permit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                           | Building Permit  Electrical Permit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$<br>\$                                             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                           | Building Permit Electrical Permit Plumbing Permit Mechanical Permit Demolition Permit Zoning Permit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$<br>\$                                             |  |  |
| <ul> <li>Footing excavation prior to placing concrete.</li> <li>Footing drains and foundation prior to backfill.</li> <li>Prepared sub-grade prior to placing concrete floor slab.</li> <li>Sanitary sewer</li> <li>Rough-in electrical, plumbing and</li> </ul>                                                                                                                                                          | Building Permit Electrical Permit Plumbing Permit Mechanical Permit Demolition Permit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$<br>\$                                             |  |  |
| <ul> <li>Footing excavation prior to placing concrete.</li> <li>Footing drains and foundation prior to backfill.</li> <li>Prepared sub-grade prior to placing concrete floor slab.</li> <li>Sanitary sewer</li> </ul>                                                                                                                                                                                                     | Building Permit Electrical Permit Plumbing Permit Mechanical Permit Demolition Permit Zoning Permit Sign Permit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$<br>\$                                             |  |  |
| <ul> <li>Footing excavation prior to placing concrete.</li> <li>Footing drains and foundation prior to backfill.</li> <li>Prepared sub-grade prior to placing concrete floor slab.</li> <li>Sanitary sewer</li> <li>Rough-in electrical, plumbing and service framing prior to installing</li> </ul>                                                                                                                      | Building Permit Electrical Permit Plumbing Permit Mechanical Permit Demolition Permit Zoning Permit Sign Permit Water Tap Sewer Tap Temp. Elec.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$<br>\$                                             |  |  |
| <ul> <li>Footing excavation prior to placing concrete.</li> <li>Footing drains and foundation prior to backfill.</li> <li>Prepared sub-grade prior to placing concrete floor slab.</li> <li>Sanitary sewer</li> <li>Rough-in electrical, plumbing and service framing prior to installing wall board.</li> <li>Final electrical, plumbing and</li> </ul>                                                                  | Building Permit Electrical Permit Plumbing Permit Mechanical Permit Demolition Permit Zoning Permit Sign Permit Water Tap Sewer Tap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$ |  |  |
| <ul> <li>Footing excavation prior to placing concrete.</li> <li>Footing drains and foundation prior to backfill.</li> <li>Prepared sub-grade prior to placing concrete floor slab.</li> <li>Sanitary sewer</li> <li>Rough-in electrical, plumbing and service framing prior to installing wall board.</li> <li>Final electrical, plumbing and heating.</li> </ul>                                                         | Building Permit Electrical Permit Plumbing Permit Mechanical Permit Demolition Permit Zoning Permit Sign Permit Water Tap Sewer Tap Temp. Elec.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$<br>\$                                             |  |  |
| <ul> <li>Footing excavation prior to placing concrete.</li> <li>Footing drains and foundation prior to backfill.</li> <li>Prepared sub-grade prior to placing concrete floor slab.</li> <li>Sanitary sewer</li> <li>Rough-in electrical, plumbing and service framing prior to installing wall board.</li> <li>Final electrical, plumbing and heating.</li> <li>Final building inspection, prior to</li> </ul>            | Building Permit Electrical Permit Plumbing Permit Mechanical Permit Demolition Permit Zoning Permit Sign Permit Water Tap Sewer Tap Temp. Elec. Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$ |  |  |
| <ul> <li>Footing excavation prior to placing concrete.</li> <li>Footing drains and foundation prior to backfill.</li> <li>Prepared sub-grade prior to placing concrete floor slab.</li> <li>Sanitary sewer</li> <li>Rough-in electrical, plumbing and service framing prior to installing wall board.</li> <li>Final electrical, plumbing and heating.</li> <li>Final building inspection, prior to occupancy.</li> </ul> | Building Permit Electrical Permit Plumbing Permit Mechanical Permit Demolition Permit Zoning Permit Sign Permit Water Tap Sewer Tap Temp. Elec. Other TOTAL FEES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$ |  |  |
| <ul> <li>Footing excavation prior to placing concrete.</li> <li>Footing drains and foundation prior to backfill.</li> <li>Prepared sub-grade prior to placing concrete floor slab.</li> <li>Sanitary sewer</li> <li>Rough-in electrical, plumbing and service framing prior to installing wall board.</li> <li>Final electrical, plumbing and heating.</li> <li>Final building inspection, prior to</li> </ul>            | Building Permit Electrical Permit Plumbing Permit Mechanical Permit Demolition Permit Zoning Permit Sign Permit Water Tap Sewer Tap Temp. Elec. Other TOTAL FEES LESS FEES PAID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$ |  |  |

# 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_                                                               | 1185 Andia                           | na Cost                            | of projec | 250.00 male                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Owner's Name JosE                                                                  |                                      |                                    |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Contractor sel                                                                     |                                      | Telephone                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Address                                                                            |                                      |                                    |           | 499                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Lot Information: (No                                                               | ot required for a                    | siding job)                        |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Lot No.                                                                            | Subdivision_                         |                                    |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Zoning District                                                                    | **                                   |                                    | Area _    | sq. ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Setbacks: Front                                                                    | Right Side                           | Left Side                          |           | Rear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Work Information:                                                                  |                                      | :                                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Residential                                                                        |                                      |                                    |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| New Construction                                                                   | Addition Addition                    | on pater cove                      | Remodel   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Accessory Building                                                                 |                                      | Siding                             | (Specific | The same of the sa |
| Brief Description of                                                               | Work:                                | ofour                              | (Specific | = 2X6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| rufters 1/2                                                                        | "plywer                              | and 15 th not                      | Profen    | y approtation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Size: Length 8/                                                                    | Width 201                            | No. of Stories                     | 3         | The state of the s |
| Area: lst Floor                                                                    | sq. ft.                              | Basement                           |           | sq. ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 2nd Floor                                                                          | sq. ft.                              | Accessory Blo                      | dg        | sq. ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 3rd Floor                                                                          | sq. ft.                              | Other patis C                      | ner       | sq. ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Additional Information                                                             | on:                                  |                                    |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| APPLICATION FOR PERM INCLUDING: ELEVATION ADDITION OR REMODELI LOCATION. ALL PLANS | NS, FLOOR PLANS,<br>NG, SHOW ALL EXT | CROSS SECTIONS<br>STING STRUCTURES | AND PLOT  | PLAN. IF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Date 5-8-84                                                                        | Applican                             | t's Signature                      | brept,    | Distel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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| VIII. ZONING PLAN EXAMINERS NOTES |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |
| DISTRICT                          | and the state of t | i |
| USE                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |
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