

P E R M I T

CITY OF NAPOLEON
255 W. RIVERVIEW AVE
NAPOLEON, OHIO 43545

DIVISION OF BUILDING & ZONING
PH (419) 592-4010
FAX (419) 599-8393

PERMIT NO: 106

DATE ISSUED: 05-08-00

ISSUED BY: BND

JOB LOCATION: 675 INTERCHANGE DRIVE

EST. COST:

LOT #:

SUBDIVISION NAME: HOGREFE LOT 1

OWNER: PG&E DISPERSED GENERATING
ADDRESS: 7500 OLD GEORGETOWN RD
CSZ: BETHESDA, MD 20814
PHONE: 301-280-6874

AGENT: BARTELS ELECTRIC INC
ADDRESS: 13-414 CO RD S
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-2992

USE TYPE - RESIDENTIAL:

OTHER:

ZONING INFORMATION

DIST: LOT DIM: AREA: FYRD: SYRD: RYRD:
MAX HT: # PKG SPACES: # LOADING SP: MAX LOT COV:

BOARD OF ZONING APPEALS:

WORK TYPE - NEW: REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

SIZE - LGTH: WIDTH: STORIES: LIVING AREA SF:
GARAGE AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION
TEMP POWER POLE

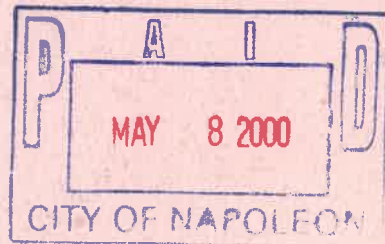
FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
ELECTRICAL PERMIT		10.00

TOTAL FEES DUE 10.00

5-8-00

DATE

John Swainson
APPLICANT SIGNATURE



CITY OF NAPOLEON OHIO PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTIAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMOLITION, REMODELING.

DATE 5-8-00 JOB LOCATION 675 INTERCHANGE DR.

LOT # _____ SUBDIVISION NAME _____

OWNER HRSG PHONE (330) 769-2889

OWNER ADDRESS 4714 PO. III CITY SEVILLE, OH ZIP 44223

CONTRACTOR GREENWICH RD PHONE 599-2992
BARTOS GEOMETRIC

CONTRACTOR ADDRESS 13-414 CR S CITY NAPOLEON ZIP 43545

CONTRACTOR FAX # (419) 599-2792 CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: TEMPORARY SERVICES

ESTIMATED COST OF WORK TO BE PERFORMED: \$1426.00

WORK INFORMATION

BUILDING: Basement Floor Area _____ Sq. Ft. 1st Story Living Area _____ Sq. Ft.
2nd Floor Living Area _____ Sq. Ft. Garage Floor Area _____ Sq. Ft.

BUILDING SIZE: Length _____ Width _____ Stories _____ Height _____ DEMO VOL _____

Masonry Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Electrical Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Plumbing Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Heating Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Insulation Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Other Contractor attach information.

ZONING INFORMATION (to be completed by City) : District _____ Lot Dimensions _____
Lot Area _____ FRSB _____ SYSB _____ RYSB _____ Max Ht _____ ft Max Cov _____ %

I by signing below agree to comply with all applicable City of Napoleon Codes & Ordinances while performing the work herein described. I understand that all work for which a permit is issued is required to be approved by the building inspector of the City of Napoleon.

Applicant Signature _____ Date _____