

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: 1520

DATE ISSUED: 02-12-03

ISSUED BY: BND

JOB LOCATION: 302 JAHNS RD

EST. COST: 1841.00

LOT #:

SUBDIVISION NAME:

OWNER: HEITMAN, JULIA
ADDRESS: 302 JAHNS RD
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-0123

AGENT: ELLERBROCK HTG & A/C
ADDRESS: 13055 DOHONEY RD
CSZ: DEFIANCE, OH 43512
PHONE: 419-782-1834

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
FURNACE REPLACEMENT

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
MECHANICAL PERMIT		5.00

TOTAL FEES DUE 5.00

2-12-03
DATE

Randy Ellerbrock
APPLICANT SIGNATURE



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C E N T R

DIVISION OF BUILDING & ZONING
PH (419) 533-4818
FAX (419) 533-3331

CITY OF NAPOLEON
355 W. KILPATRICK AVE
NAPOLEON, OHIO 43245

PERMIT NO: 1228 DATE ISSUED: 05-13-88 ISSUED BY: HND

JOB LOCATION: 185 JAMES RD SET COST: 1841.98

SUBMITTER NAME:

AGENT: KILPATRICK HPC & A/C
ADDRESS: 185 JAMES RD
CITY: NAPOLEON, OH 43245
PHONE: 419-533-3331

OWNER: JAMES HND
ADDRESS: 185 JAMES RD
CITY: NAPOLEON, OH 43245
PHONE: 419-533-3331

THE TYPE - RESIDENTIAL

OWNER:

WORK DESCRIPTION

PLAN NO: 4 1/2 BRANCHES DOT DIR: AREA: 4 1/2 BRANCHES EYED: RYND: RYND: RYND:

REASON FOR PERMIT APPLICATION

WORK TYPE - NEW: MATERIAL: ADDITION: ALTER: REPAIR:

WORK INFORMATION

DATE - 05/13/88 WITH: 185 JAMES RD, NAPOLEON, OH 43245

WORK DESCRIPTION
FURNACE REPLACEMENT

PER DESCRIPTION PAID DATE PER AMOUNT DUE

MECHANICAL PERMIT

2.00

TOTAL FEE DUE 2.00

APPLICANT SIGNATURE

DATE



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: 1520

DATE ISSUED: 02-12-03

ISSUED BY: BND

JOB LOCATION: 302 JAHNS RD

EST. COST: 1841.00

LOT #:

SUBDIVISION NAME:

OWNER: HEITMAN, JULIA
ADDRESS: 302 JAHNS RD
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-0123

AGENT: ELLERBROCK HTG & A/C
ADDRESS: 13055 DOHONEY RD
CSZ: DEFIANCE, OH 43512
PHONE: 419-782-1834

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
FURNACE REPLACEMENT

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
MECHANICAL PERMIT		5.00

TOTAL FEES DUE 5.00

2-12-03
DATE

Ray Ellerbrock
APPLICANT SIGNATURE



OFFICE OF THE CITY CLERK
CITY OF NAPOLÉON
1000 10th Street, N.W.
NAPOLÉON, N.B. E7B 1A1

1998-1999
FEBRUARY 15, 1999

TO: THE HONOURABLE MEMBER FOR THE DISTRICT OF NAPOLÉON
FROM: THE CITY CLERK

RE: [Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

CITY OF NAPOLÉON
FEB 15 1999

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 2-3-03 JOB LOCATION 302 Jahns Rd. Napoleon 43545

LOT # _____ SUBDIVISION NAME _____

OWNER Julia Heitman PHONE 419-599-0123

OWNER ADDRESS 302 Jahns Rd CITY Napoleon ZIP 43545

CONTRACTOR Ellerbrooks Heating + A/C PHONE 419-782-1834

CONTRACTOR ADDRESS 13055 Dohoney Rd. CITY Defiance ZIP 43512

CONTRACTOR FAX # 419-782-7919 CELL PHONE (Opt.) 419-769-0946

DESCRIPTION OF WORK TO BE PERFORMED: Replace existing furnace w/ 100,000 BTU

ESTIMATED COST OF WORK TO BE PERFORMED: \$1841.00 natural gas forced air furnace.

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 Same as above 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 2-3-03

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1520

DATE ISSUED: 02-12-2003

JOB LOCATION: 302 JAHNS RD

OWNER: HEITMAN, JULIA

OWNER PHONE: 419-599-0123

CONTRACTOR: ELLERBROCK HTG & A/C

CONTRACTOR PHONE: 419-782-1834

WORK DESCRIPTION: FURNACE REPLACEMENT

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC 2-12 AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDDT _____

STRUC _____ ROOF _____ EXT _____

VENT _____ ACCES _____ EGRS _____

SMKDT _____ FINAL _____

ISSUE TEMP OCCUP _____ ISSUE OCCUP _____

STRG SHED: SITE _____ FINAL _____

SIGN: FTG _____ FINAL _____

FENCE: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

INSPECTOR INITIALS: BJD

