

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: 1493

DATE ISSUED: 01-15-03

ISSUED BY: MRD

JOB LOCATION: 302 JAHNS RD

EST. COST: 14200.00

LOT #:

SUBDIVISION NAME:

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

AGENT: TRI-COUNTY ROOFING I
ADDRESS: 13771 CO RD 162
CSZ: PAULDING, OH 45879
PHONE: 419-399-3964

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
GENERAL REMODELING

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		36.00
ELECTRICAL PERMIT		21.00
PLUMBING PERMIT		9.00

TOTAL FEES DUE 66.00

DATE

APPLICANT SIGNATURE



CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 1-9-03 JOB LOCATION 302 Jahns Rd

LOT # _____ SUBDIVISION NAME _____

OWNER Julia Heitman PHONE 419-599-0123

OWNER ADDRESS 302 Jahns Rd CITY Napoleon ZIP 43545

CONTRACTOR Jri-County Roofing PHONE 419-399-3914

CONTRACTOR ADDRESS 13771 CE 1162 CITY Paulding ZIP 45879

CONTRACTOR FAX # 419-399-91612 CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: Rehab. Roof-rep sheath, gutters, elec furnace, plumb door, windows

ESTIMATED COST OF WORK TO BE PERFORMED: 14,200.00

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 _____ Address _____ City _____ Phone _____ St _____ Fax _____ Zip _____

Electrical Contractor Jri-County Roofing Address _____ City _____ Phone _____ St _____ Fax _____ Zip _____

Plumbing Contractor Jri-County Roofing Address _____ City _____ Phone _____ St _____ Fax _____ Zip _____

Heating Contractor Ellerbrock Heating + air Address 13055 Dohney Rd City DeFrance Phone 419-782-1834 St OH Fax 419-782-7919 Zip 43512

Insulation Contractor _____ Address _____ City _____ Phone _____ St _____ Fax _____ 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 Kimberly Crowley Date 1-9-03

w/d permit 36.00
elec permit 21.00
plumb permit 9.00
Total 66.00

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1493

DATE ISSUED: 01-15-2003

JOB LOCATION: 302 JAHNS RD

OWNER: HEITMAN, JULIA

OWNER PHONE: 419-599-0123

CONTRACTOR: TRI-COUNTY ROOFING INC

CONTRACTOR PHONE: 419-399-3964

WORK DESCRIPTION: GENERAL REMODELING

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC _____ 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: _____