

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: 1765

DATE ISSUED: 07-22-03

ISSUED BY: TJK

JOB LOCATION: 621 JAHNS RD

EST. COST: 2192.00

LOT #:

SUBDIVISION NAME:

OWNER: BERRY, BRIAN  
ADDRESS: 621 JAHNS RD  
CSZ: NAPLOEON, OH 43545  
PHONE: 419-592-6464

AGENT: WALLSIDE INC  
ADDRESS: 27000 W TROLLEY INDUSTRIA  
CSZ: TAYLOR, MI 48180  
PHONE: 313-292-4400

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

WINDOWS  
REPLACE 9

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

BUILDING PERMIT

27.00

TOTAL FEES DUE 27.00

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DATE

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APPLICANT SIGNATURE

**CITY OF NAPOLEON GENERAL PERMIT APPLICATION**  
 THIS APPLICATION IS FOR RESIDENTIAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL,  
 PLUMBING, MECHANICAL, DEMILITIONS, REMODELING

Date 7-21-03 Job Location 621 Jahans

Owner Brian berry Phone 419 592-6464

Owner Address 621 Jahans Rd City Napoleon Zip 43545

Contractor Wall side Phone 419 299 4444

Description of work to be preformed replacing 9 windows  
NO structural change.

Estimated cost of work to be preformed 2,192.<sup>00</sup>

**Below Please check the work that you will be doing!!**

- |   |   |
|---|---|
| <input type="checkbox"/> A/C Add On                 | <input type="checkbox"/> Remodeling         |
| <input type="checkbox"/> Boiler Replacement         | <input type="checkbox"/> Roofing            |
| <input type="checkbox"/> Curbing                    | <input type="checkbox"/> Sewer Repairs      |
| <input type="checkbox"/> Decks                      | <input type="checkbox"/> Sidewalk           |
| <input type="checkbox"/> Driveway                   | <input type="checkbox"/> Siding             |
| <input type="checkbox"/> Electrical Service Upgrade | <input type="checkbox"/> Sign               |
| <input type="checkbox"/> Electrical New             | <input type="checkbox"/> Storage Shed       |
| <input type="checkbox"/> Fence                      | <input type="checkbox"/> Street Bond        |
| <input type="checkbox"/> Foundation                 | <input type="checkbox"/> Swimming Pool      |
| <input type="checkbox"/> Furnace Replacement        | <input type="checkbox"/> Temp Electric      |
| <input type="checkbox"/> Furnace New                | <input type="checkbox"/> Water Tap          |
| <input type="checkbox"/> Lawn Meter                 | <input checked="" type="checkbox"/> Windows |
| <input type="checkbox"/> Plumbing                   | <input type="checkbox"/> Zoning             |
| <input type="checkbox"/> Others                     |   |

1765  
 Permit Number

27.<sup>00</sup>

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1765 **SCANNED**

DATE ISSUED: 07-22-2003

JOB LOCATION: 621 JAHNS RD

OWNER: BERRY, BRIAN

OWNER PHONE: 419-592-6464

CONTRACTOR: WALLSIDE INC

CONTRACTOR PHONE: 313-292-4400

WORK DESCRIPTION: WINDOWS

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: \_\_\_\_\_