

OK

THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

Building Permit

Page 1 of 1

Permit Number: BP2007-101

Printed: 6/18/2007

ADDRESS: 1070 Kenilworth Ave.

Applicant

Name: Carpentry Connection, LLC
Address: 1041 Reynolds St

Approval Date: 6/15/2007
419-592-1287

Owners

Name: Mr. Greg Edwards
Address: 1070 Kenilworth Ave
Napoleon, OH 43545

Phone: 419

Contractors

Contractor Type: GENERAL CONTRACTOR

Name: Carpentry Connection, LLC
Address: 1041 Reynolds St

Napoleon, OH 43545

Phone: 419-592-1287

Fees and Receipts:

Number	Description	Amount
FEE2007-336	Reroofing/Siding/Gutters (Auto	\$30.00
FEE2007-337	State 1% fee (Calc)	\$0.30

Total Fees: \$30.30

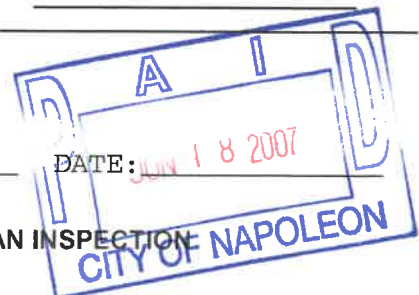
RCPT2007-290 \$30.30

Total Receipts: \$30.30

reroofing

APPLICANTS SIGNATURE: _____

REMINDER: YOU MUST CALL (419)592-4010 FOR AN INSPECTION





CITY OF NAPOLEON

Building & Zoning Division

255 W. Riverview Avenue, PO Box 151, Napoleon, OH 43545

Phone: 419-592-4010 - Fax: 419-599-8393

CONTRACTOR REGISTRATION FORM

PLEASE PRINT CLEARLY

NEW

RE-REGISTER for 20 07

NAME OF COMPANY: Carpentry Connection LLC DATE: 6-15-07

CONTACT NAME: _____

BUSINESS ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE #: _____ FAX #: _____ CELL #: _____

COMMERCIAL GENERAL LIABILITY INSURANCE is required in order to qualify to perform work in the city of Napoleon. The minimum coverage shall be \$1,000,000 General Aggregate, \$500,000 Each Occurrence, \$500,000 Personal Injury. Please have your agent forward a certificate of insurance and be sure to name, City of Napoleon as the holder.

Please check the type of work you are qualified to perform based on your experience

- | | | |
|--|--|---|
| Commercial <input checked="" type="checkbox"/> | Residential <input checked="" type="checkbox"/> | Industrial <input type="checkbox"/> |
| General Contracting <input checked="" type="checkbox"/> | Home Builder <input checked="" type="checkbox"/> | Remodeling <input checked="" type="checkbox"/> |
| Siding <input checked="" type="checkbox"/> | Windows <input checked="" type="checkbox"/> | Gutters <input type="checkbox"/> |
| Plumbing <input type="checkbox"/> | Heating <input type="checkbox"/> | Venting <input checked="" type="checkbox"/> |
| Refrigeration <input type="checkbox"/> | Sewer <input type="checkbox"/> | Sign Builder <input type="checkbox"/> |
| Landscaping <input type="checkbox"/> | Painting <input checked="" type="checkbox"/> | Cabinet Builder <input checked="" type="checkbox"/> |
| Accessory Structures (Wood Frame, Steel Frame) <input checked="" type="checkbox"/> | Masonry/Concrete <input checked="" type="checkbox"/> | Foundation Walls <input type="checkbox"/> |
| Repairs/Waterproofing <input checked="" type="checkbox"/> | Lawn Sprinklers <input type="checkbox"/> | Fire Sprinklers <input type="checkbox"/> |
| Roofing <input checked="" type="checkbox"/> | Electrical <input type="checkbox"/> | A/C <input type="checkbox"/> |
| Fencing <input checked="" type="checkbox"/> | Pools <input type="checkbox"/> | |

Other _____

- How many years of experience do you have doing the type of work as indicated above? 20
- How long has your company been in business? 3 yrs.
- How long has your company been under current ownership? 3 yrs.
- Do you have employees? Y N If yes please provide a copy of your workers comp certificate.
- Do you have subcontractors? Y N If yes please have each subcontractor complete a contractor registration form.

If this is the first time you have done business in the City of Napoleon, please attach a list of completed jobs in the area with the name and phone number of the owner or person you worked for.

If you are planning to perform commercial or Industrial-Mechanical, Plumbing, Electrical, Hydronic, or Fire Sprinkler Systems work in the City of Napoleon you will need to attach the appropriate State of Ohio License.

If the information of this form is found to be satisfactory a contractor license will be issued. Contractor licenses are valid for one calendar year at the cost of \$25.00.

This form will not be accepted unless it is signed by an authorized person of the firm listed above.

Dale Sprout
Firm-Authorized Signature Date 6-15-07

Dale L. Sprout
Print Name & Title

