

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: 1390

DATE ISSUED: 10-25-02

ISSUED BY: MRD

JOB LOCATION: 1115 KENILWORTH AVE

EST. COST: 3500.00

LOT #:

SUBDIVISION NAME:

OWNER: SANDS, RONALD  
ADDRESS: 1115 KENILWORTH AVE  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-5788

AGENT: SELF  
ADDRESS:  
CSZ:  
PHONE:

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  
NEW FENCE FOR POOL

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		36.00

TOTAL FEES DUE 36.00

10-25-02  
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DATE

*Mary Jo Sands*  
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APPLICANT SIGNATURE



CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1390

DATE ISSUED: 10-25-2002

JOB LOCATION: 1115 KENILWORTH AVE

OWNER: SANDS, RONALD

OWNER PHONE: 419-592-5788

CONTRACTOR: SELF

CONTRACTOR PHONE:

WORK DESCRIPTION: NEW FENCE FOR POOL

PLUMBING:    UNDGR \_\_\_\_\_    RGHIN \_\_\_\_\_    FINAL \_\_\_\_\_

              SEWER INSP \_\_\_\_\_

MECHANICAL:   UNDGR \_\_\_\_\_    RGHIN \_\_\_\_\_    FINAL \_\_\_\_\_

              FURNACE REPLC \_\_\_\_\_    AIR COND \_\_\_\_\_

ELECTRICAL:   UNDGR \_\_\_\_\_    RGHIN \_\_\_\_\_    FINAL \_\_\_\_\_

              SERV UPGR \_\_\_\_\_

BUILDING:     SITE \_\_\_\_\_    FTG \_\_\_\_\_    FNDT \_\_\_\_\_

              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: \_\_\_\_\_