

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: 1245

DATE ISSUED: 07-22-02

ISSUED BY: MRD

JOB LOCATION: 1115 KENILWORTH AVE

EST. COST: 20000.00

LOT #:

SUBDIVISION NAME:

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

AGENT: LITEHOUSE POOLS
ADDRESS: 751 LEMOYNE RD
CSZ: OREGON, OH 43619
PHONE: 419-474-3837

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 INGROUND POOL
16X32

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		77.00

TOTAL FEES DUE 77.00

DATE

APPLICANT SIGNATURE



X Lot Drawing
on separate page

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 7-18-02 JOB LOCATION 1115 Kenilworth

LOT # _____ SUBDIVISION NAME _____

OWNER Ronald Sands PHONE 419-592-5788

OWNER ADDRESS 1115 Kenilworth CITY Napoleon ZIP 43545

CONTRACTOR PIEBAR DBA Lighthouse Pools PHONE 419-893-3201

CONTRACTOR ADDRESS 1374 Conant St. CITY Maumee ZIP 43537

CONTRACTOR FAX # 419-893-1120 CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: install 16x32 inground pool

ESTIMATED COST OF WORK TO BE PERFORMED: \$ 20,000

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

Insulation Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

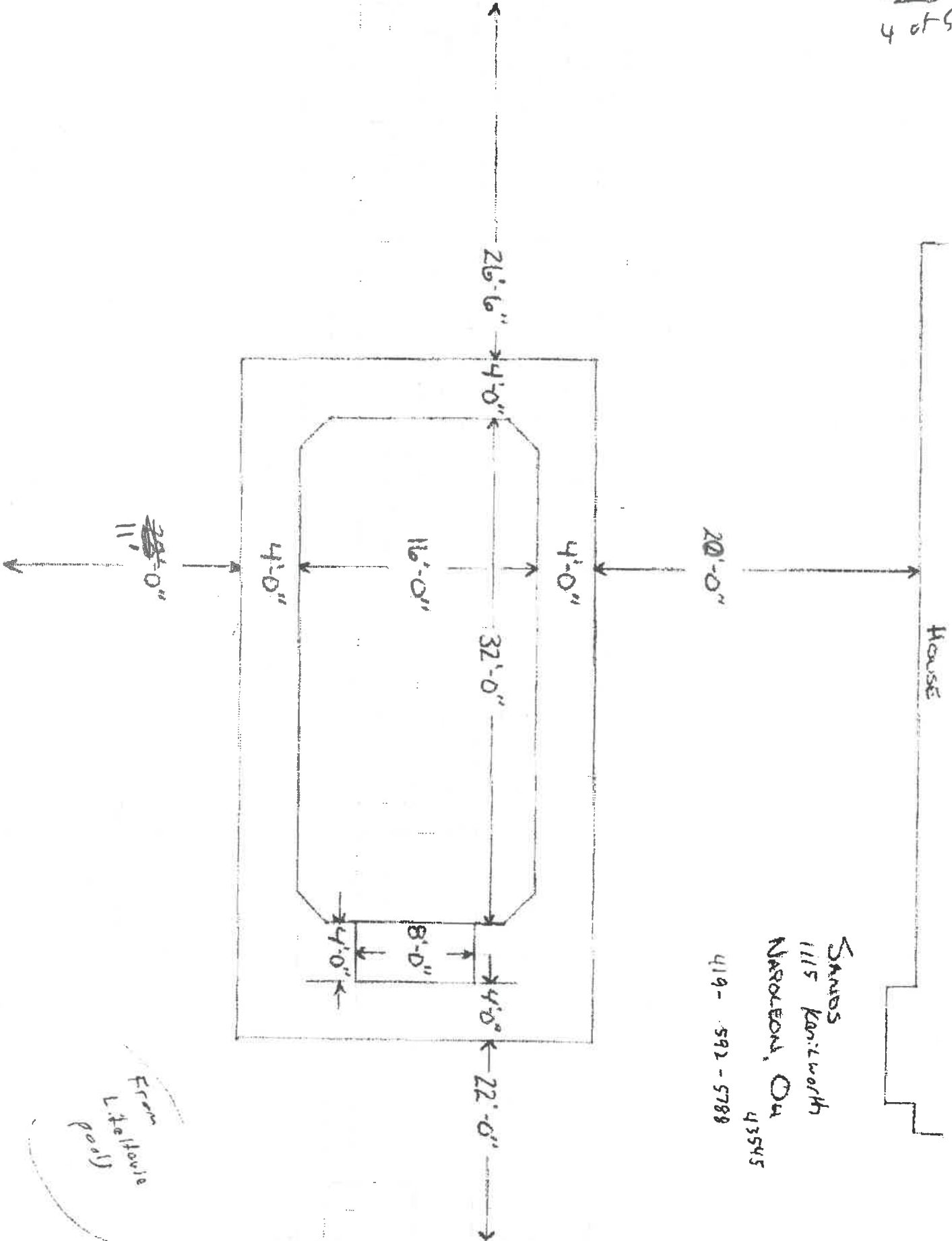
Other Contractor attach information.

ZONING INFORMATION (to be completed by City): District _____ Lot Dimensions _____
Lot Area _____ FRSB _____ SYSB _____ RYSB _____ Max Hi _____ 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 [Signature] Date 7-18-02

~~5 of 5~~
4 of 5



SANDS
1115 KANILWORTH
NARLETON, OH
43545
419-592-5788

From
Lighthouse
pav

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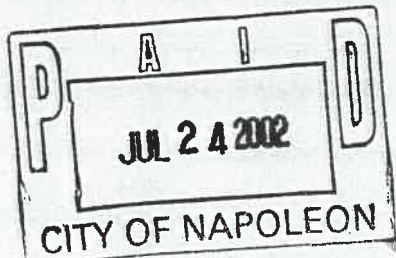
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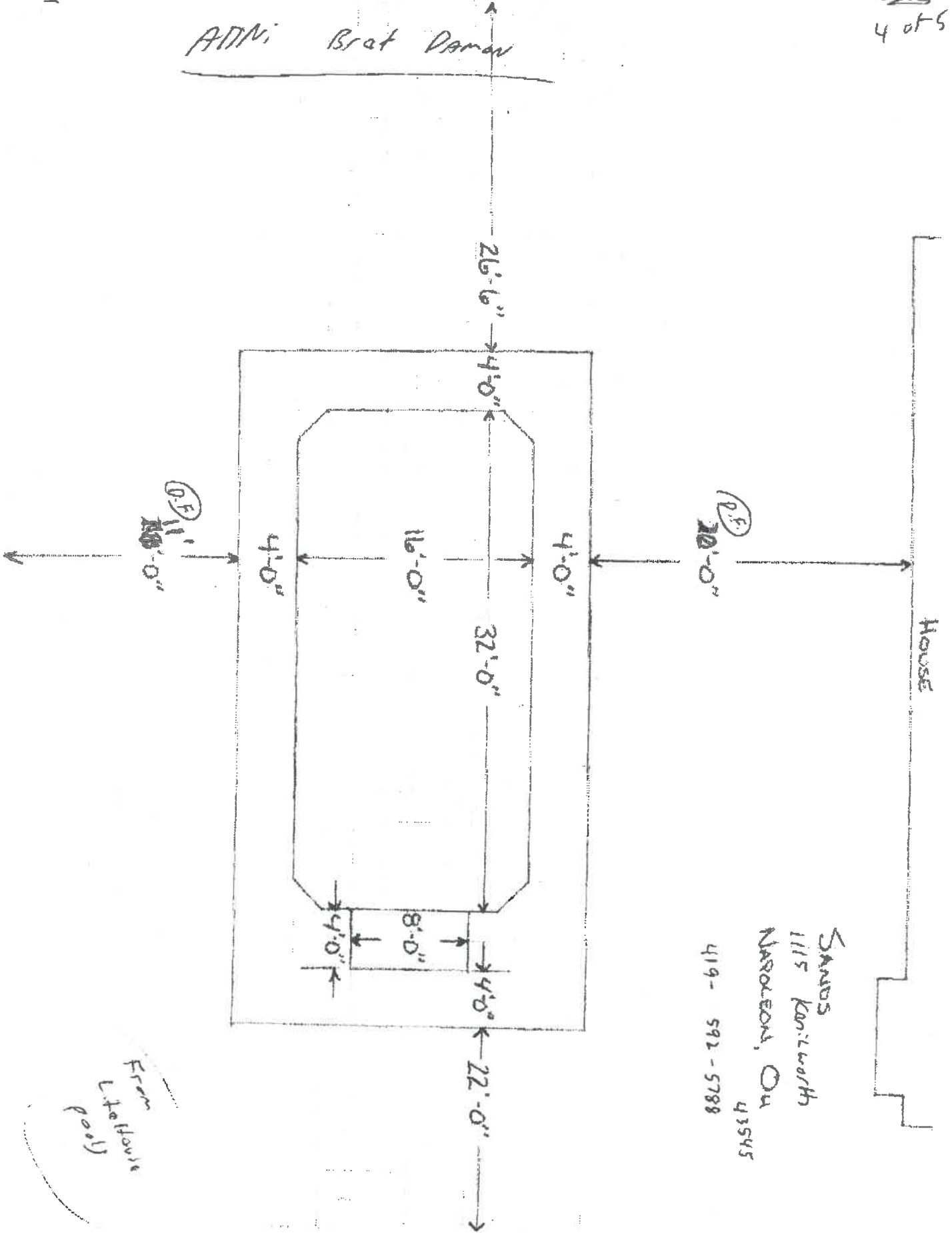
DATE

APPLICANT SIGNATURE



~~2500~~
4 of 5

ATTN: Brat Damon



SANDS
1115 Knitworth
NARLETON, ON
43545
419-592-5788

