

THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

Mechanical Permit

Permit Number: MC2007-43

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Printed: 10/25/2007

ADDRESS:

801 Kenilworth Ave.

Applicant

Name: Elling Plumbing & Heating
Address: T 487 ST HWY 108

Approval Date: 10/9/2007
419-598-8991

Owners

Name: Mr. Bob Showman
Address: 801 Kenilworth Ave
Napoleon, OH 43545

Phone: 419-599-7137

Contractors

Contractor Type: HVAC

Name: Elling Plumbing & Heating
Address: T 487 ST HWY 108

Napoleon, OH 43545

Phone: 419-598-8991

Fees and Receipts:

Number	Description	Amount
FEE2007-553	replacing a/c or furnace	\$5.00
FEE2007-554	State 1% fee (Calc)	\$0.05

Total Fees: \$5.05

RCPT2007-444 \$5.05

Total Receipts: \$5.05

replacing boiler

APPLICANTS SIGNATURE: _____

DATE: _____

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



⑤ #505 OK

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

10-5-07

801 KENNELWORTH

DATE OF SUBMISSION

OWNER: BOB SHOWMAN PHONE: 599-7137

OWNER ADDRESS: 801 KENNELWORTH CITY: NAPOLEON

CONTRACTOR: ELLING P+H PHONE: 598-8991

CONTRACTOR LICENSED WITH THE CITY OF NAPOLEON?: YES: NO:

DESCRIPTION OF WORK TO BE PERFORMED: BOILER REPLACEMENT

PLEASE MARK THE TYPE OF WORK YOU WILL BE PERFORMING

- | | |
|--|---|
| <input type="checkbox"/> A/C ADD ON | <input type="checkbox"/> REMODELING |
| <input checked="" 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"/> STORAGE SHED* |
| <input type="checkbox"/> ELECTRICAL SERVICE NEW | <input type="checkbox"/> SWIMMING POOL* |
| <input type="checkbox"/> FENCE* | <input type="checkbox"/> FURNACE REPLACEMENT |
| <input type="checkbox"/> ADDITIONS* | <input type="checkbox"/> TEMP ELECTRIC |
| <input type="checkbox"/> FURNACE NEW | <input type="checkbox"/> WATER TAP (size _____) |
| <input type="checkbox"/> LAWN METER | <input type="checkbox"/> WINDOWS |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ZONING |

*PLEASE INCLUDE A PICTURE SHOWING MEASUREMENTS FROM EXISTING STRUCTURES AND PROPERTY LINES. INDICATING THE TYPE OF WORK YOU WISH TO PERFORM.

** IF WORK REQUIRES GOING INTO THE STREET A STREET BOND IS REQUIRED!

FOR PERMIT COSTS PLEASE FILL OUT REVERSE SIDE.