

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: 99433

DATE ISSUED: 12-07-99

ISSUED BY: BND

JOB LOCATION: 805 KENILWORTH AVE

EST. COST: 1800.00

LOT #:

SUBDIVISION NAME:

OWNER: FACKLER, MARGARET  
ADDRESS: 515 BUCKEYE LN  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-599-1299

AGENT: DAMMAN PLBG & HTG  
ADDRESS: N-033 CO RD 17D  
CSZ: OKOLONA, OH 43550  
PHONE: 419-758-3116

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:

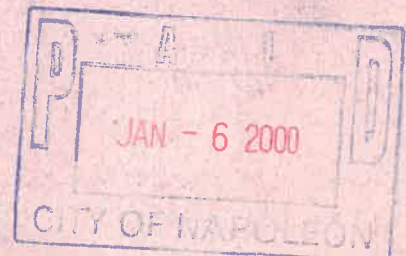
WORK DESCRIPTION  
FURNACE REPLACEMENT

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
MECHANICAL PERMIT		5.00

TOTAL FEES DUE 5.00

DATE

APPLICANT SIGNATURE



Please complete this form for each job.

Fill areas marked \*

# CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

\* DATE 12/16/99 \* JOB LOCATION 805 Kennelworth

LOT # \_\_\_\_\_ SUBDIVISION NAME \_\_\_\_\_

\* OWNER Margaret Fackler \* PHONE 599-1299

\* OWNER ADDRESS 515 Buckeye lane CITY Napoleon \* ZIP 43545

\* CONTRACTOR Dammen Plbg, Htg, + A/C \* PHONE 758-3116

\* CONTRACTOR ADDRESS N-033 G Rd #10 \* CITY Okolona \* ZIP 43050

CONTRACTOR FAX # \_\_\_\_\_ CELL PHONE (Opt.) \_\_\_\_\_

\* DESCRIPTION OF WORK TO BE PERFORMED: Install replacement furnace

\* ESTIMATED COST OF WORK TO BE PERFORMED: Not to exceed 1,700 - 1,900.00

### 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 Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_ St \_\_\_\_\_ Fax \_\_\_\_\_ Zip \_\_\_\_\_

Electrical Contractor Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_ St \_\_\_\_\_ Fax \_\_\_\_\_ Zip \_\_\_\_\_

Plumbing Contractor Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_ St \_\_\_\_\_ Fax \_\_\_\_\_ Zip \_\_\_\_\_

Heating Contractor Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_ St \_\_\_\_\_ Fax \_\_\_\_\_ Zip \_\_\_\_\_

Insulation Contractor Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_ St \_\_\_\_\_ Fax \_\_\_\_\_ Zip \_\_\_\_\_

Other Contractor attach information.

ZONING INFORMATION (to be completed by City): District \_\_\_\_\_ Lot Dimensions \_\_\_\_\_  
Lot Area \_\_\_\_\_ FR5B \_\_\_\_\_ SY5B \_\_\_\_\_ RY5B \_\_\_\_\_ Max Ht \_\_\_\_\_ ft Max Cov \_\_\_\_\_ %

I hereby agree to comply with all applicable City of Napoleon Codes & Ordinances with performing the work herein described. I understand that all work for which a permit is issued is required to be approved by the Public Works Department of the City of Napoleon.

\* Applicant Signature Jessica M Kinter \* Date 12/16/99