

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: 317

DATE ISSUED: 09-18-00

ISSUED BY: MBS

JOB LOCATION: 900 KENILWORTH AVE

EST. COST: 150000.00

LOT #:

SUBDIVISION NAME:

OWNER: ZUMFELDE, MARVIN
ADDRESS: 900 KENILWORTH AVE
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-8993

AGENT: COUSINO CONSTR CO IN
ADDRESS: 970 W. SOUTH BOUNDARY
CSZ: FERRYSBURG, OH 43551
PHONE: 419-874-9500

USE TYPE - RESIDENTIAL:

OTHER:

ZONING INFORMATION

DIST: LOT DIM: AREA: FYRD: SYRD: RYRD:
MAX HT: # PKG SPACES: # LOADING SP: MAX LOT GOV:

BOARD OF ZONING APPEALS:

WORK TYPE - NEW: REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

SIZE - LGTH: WIDTH: STORIES: LIVING AREA SP:
GARAGE AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION

RECONSTRUCT FIRE DAMAGED
RESIDENCE

FEE DESCRIPTION

PAID DATE

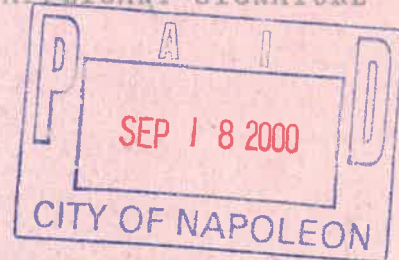
FEE AMOUNT DUE

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		277.00
ELECTRICAL PERMIT		15.00
MECHANICAL PERMIT		18.00
PLUMBING PERMIT		9.00

TOTAL FEES DUE 319.00

DATE

APPLICANT SIGNATURE



Office #: (419) 874-9500 ext. 215 Ben Sickles

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 9/08/00 JOB LOCATION 900 Kenilworth

LOT # _____ SUBDIVISION NAME _____

OWNER Mark Zumfelde PHONE (419) 592-2143

OWNER ADDRESS 900 Kenilworth CITY Napoleon ZIP 43345

CONTRACTOR Cousino Construction PHONE _____

CONTRACTOR ADDRESS 910 W. South Boundary CITY Perrysburg ZIP 43331

CONTRACTOR FAX # (419) 874-4117 CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: Interior cosmetic: flooring, demold, cabinets, et cetera / roof repairs

ESTIMATED COST OF WORK TO BE PERFORMED: \$150,000

WORK INFORMATION

BUILDING: Basement Floor Area _____ Sq. Ft. 1st Story Living Area 779 Sq. Ft.

2nd Floor Living Area _____ Sq. Ft. Garage Floor Area _____ Sq. Ft.

BUILDING SIZE: Length 52'-0" Width 15'-6" Stories 1 Height 17'-0" DEMO VOL _____

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

Electrical Contractor [Signature] Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Plumbing Contractor [Signature] Phone [Signature] 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 Ht _____ 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 9/08/00

237.00
40.00
277.00

15. el
18. mc
9. pl

319.00