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THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

Building Permit

Permit Number: BP2009-28

Page 1 of 1

Printed: 6/15/2009

ADDRESS:

226 Kolbe St.

Applicant

Name: Muncy Construction

Address: 500 Tiedeman Ave

Approval Date: 6/15/2009

419-438-0164

Owners

Name: Mrs. Linda Kryling

Address: 226 Kolbe Street

Napoleon, OH 43545

Phone: 419-438-0164

Contractors

Contractor Type: Builder

Name: Muncy Construction

Address: 500 Tiedeman Ave

Defiance, OH 43512

Phone: 419-438-0164

Fees and Receipts:

Number

Description

Amount

Total Fees: _____ **\$0.00**

Total Receipts: _____ **\$0.00**

APPLICANTS SIGNATURE: _____ **DATE:** _____

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

SCANNED

12-29-09

SCANNED

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMOLITIONS & REMODELING

DATE 6-12-09 JOB LOCATION 229 Kolbe
 OWNER Linda Koyling TELEPHONE # _____
 OWNER ADDRESS 226 Kolbe
 CONTRACTOR Muncy Const. CELL PHONE # 438-01164
 DESCRIPTION OF WORK TO BE PERFORMED Remove old and replace footer & foundation (back porch)
 ESTIMATED COMPLETION DATE 6-15-09 ESTIMATED COST 1500.00

| DESCRIPTION | FEE | TOTAL COST |
|---|---------------------------|------------|
| Demo Permit | (100.3100.46690) \$100.00 | \$ |
| Fence | | \$ |
| Garage and Shed Under 200 SF (Detached) | | \$ |
| Driveway | | \$ |
| Sidewalk/Curbing | | \$ |
| Sewer Outside | | \$ |
| <u>Footer & block foundation</u> | | \$ |
| | Subtotal: | \$ |
| | | \$ |
| | TOTAL FEE: | \$ |

I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON BUILDING/ZONING DEPARTMENT.

I hereby certify that I am the Owner of the named property, or that the proposed work is authorized by the Owner of record and that I have been authorized by the Owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for Work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.

SIGNATURE OF APPLICANT: Adam Muncy DATE: 6-12-09

PRINT NAME: Adam Muncy

BATCH # _____ CHECK # _____ DATE _____

**THE CITY OF NAPOLEON
BUILDING & ZONING DEPARTMENT
255 W. RIVERVIEW
(419)592-4010**



Inspections

Page 1 of 1

Address: 226 Kolbe St.
Napoleon, OH 43545

Printed: 6/15/2009

Applicant: Muncy Construction

Permit Number: BP2009-28

Inspection Date: 6/15/2009
Inspection Number: INSP2009-75
Inspection Type: Foundation Wall

Inspector: Marty Crossland
Status: Complete
Passed?

Required Steps:

Comments:

Other Fields:

