

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: 97363

DATE ISSUED: 09-24-97

ISSUED BY: BND

JOB LOCATION: 45 LAFAYETTE DR

EST. COST: 7000.00

LOT #:

SUBDIVISION NAME:

OWNER: DACHENHAUS, ROBERT
ADDRESS: 45 LAFAYETTE DR
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-9804

AGENT: SEAMLESS SIDING & WI
ADDRESS: 5511 TELEGRAPH RD
CSZ: TOLEDO, OH 43612
PHONE: 419-470-6200

USE TYPE - RESIDENTIAL: X

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: X ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION
VINYL SIDING

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

BUILDING PERMIT

51.00



TOTAL FEES DUE

51.00

DATE

APPLICANT SIGNATURE

45 Lafayette Ben + Bobby
 Burkett

10 or 12 children

They have 3

9/1/89

Talked to Mrs Burkett
Has 3 children of own
Takes care of 5
if no other complaints
will not do anything.

RYS

APPLICATION
for
RESIDENTIAL BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, PERMITS and DEMOLITION PERMIT
from the
CITY OF NAPOLEON - BUILDING DEPARTMENT
255 West Riverview Ave. Napoleon, Ohio 43545 Pn. 419-592-4010

Entry No. _____

Permit No. _____ Issued _____

Job Location 45 Lafayette

Lot _____
sub-div. or legal disc. _____

Issued By _____
building official _____

Owner Robert Dachenhaus Pn 592-9804

Address 45 Lafayette Dr Napoleon OH

Agent Seamless Siding & Windows Pn 470-6200

Address 5511 Telegraph RD Toledo OH 43612

Description of Use Residence

Residential One family
no. dwelling units _____

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ \$7000.00

-ZONING INFORMATION

district	lot dimensions	area	front yd	side yds.	rear yd
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd.	date appr

WORK INFORMATION:

BUILDING: Garage Fl. Area _____ Basement Fl. Area _____ Second Floor Area _____

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____

Height _____ Building Volume (for demo. permit) _____ cu. ft.

Description of Work: Apply siding* to home

Ck. Permits Req.	Base	Fees Plus	Total
<input checked="" type="checkbox"/> Building	<u>45.00</u>	<u>+ 2.00</u>	<u>= 49.00</u>
Electrical	_____	_____	_____
Plumbing	_____	_____	_____
Mechanical	_____	_____	_____
Demolition	_____	_____	_____
Zoning	_____	_____	_____
Sign	_____	_____	_____
Water tap	_____	_____	_____
Sewer Tap	_____	_____	_____
Temp. Water	_____	_____	_____
Temp. Elec.	_____	_____	_____
Additional plan review	struc. _____ hrs	Elect. _____ hrs	_____
Total Fees.....	_____		_____
Less Min. Fees Pd.	_____		_____
Balance Due.....	_____		_____

Continue on Back Side for Electrical, Plumbing and Mechanical and other Information;