THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

Mechanical Permit Permit Number: MC2005-75			Page Print	
Pro	perty Add	ress:	1130 LaGran	ige St.
Applicant Address:	Vondeylen Plur 116 E Clinton S	nbing and Heating it	Appr	oval Date: 9/26/2005
	Napoleon, OH	43545	Phor	ne: 419-592-4756
)wners				
	Mr. Henry Langenh 1130 Lagrange St.	ор	Phone:	419-592-7333
Contractors Address:	Vondeylen Plumi 116 E Clinton St Napoleon, OH 43	3	Phone 41	9-592-4756
Fees and R	eceipts:			
Number FEE200	٠	Description replacing a/c or furn	ace	Amount \$5.00
			Total Fees:	\$5.00



Applicant signature:	Date:
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CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

DATE: 9-23-05 JOB LOCATION: 1/30 Lagrange	
OWNER: Henry Langenhop PHONE: 419-592	- 7333
OWNER ADDRESS: 1130 Lagrange CITY:	Vapolen ZIP: 43545
CONTRACTOR: Von Deylen Plbg + Htg. PHONE	: 592-4756
CONTRACTOR LICENSED WITH THE CITY OF NAPOLEON?: YES:	NO:
PERFORMED:REPLACE FULLACE	
PLEASE MARK THE TYPE OF WORK YOU WILL BE I	DEDEODMINO
_A/C ADD ON	REMODELING
_BOILER REPLACEMENT	ROOFING
CURBING	_SEWER REPAIRS**
DECKS *	SIDEWALK*
DRIVEWAY*	_SIDING
ELECTRICAL SERVICE UPGRADE	_STORAGE SHED*
ELECTRICAL SERVICE NEW	_SWIMMING POOL*
FENCE*	FURNACE REPLACEMENT
_ADDITIONS*	TEMP ELECTRIC
FURNACE NEW	WATER TAP (size")
_LAWN METER	_WINDOWS
PLUMBING	_ZONING
\$ 5.00	

*PLEASE INCLUDE A PICTURE SHOWING MEASURMENTS 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.

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X			

City of Napoleon

BUILDING & ZONING DEPARTMENT

255 W Riverview

(419)592-4010



Inspection Record	Page: 1			
Inspection #: INSP2005-331				
Address: 1130 LaGrange St				
Napoleon, OH 435				
Applicant: Mr. Henry Langent	hop			
Directions To Parcel:				
Inspection Type: Mechania				
Inspector: Tom	Status: Complete			
Passed? √				
Required Steps:				
Comments:				
Inspection Checklist:				
Corrections:				
Correction Code:	Date:			
Correction Description:				
Status:	Correction Made Date:			
Conditions:				
Condition Code:	Description:			
Date:	Department: Status:			
Other Fields:				