

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: 1401 DATE ISSUED: 11-07-02 ISSUED BY: MRD
JOB LOCATION: 11 LAKEVIEW DR EST. COST: 500.00

LOT #: SUBDIVISION NAME:

OWNER: DAMMAN, ERIC AGENT: SELF
ADDRESS: 11 LAKEVIEW DR ADDRESS:
CSZ: NAPOLEON, OH 43545 CSZ:
PHONE: 419-592-8193 PHONE:

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:

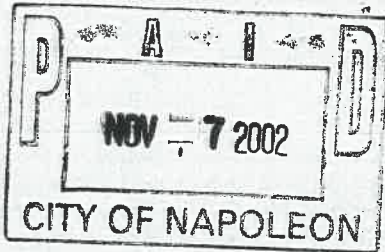
WORK INFORMATION

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

WORK DESCRIPTION
NEW DECK

STAIR, OK

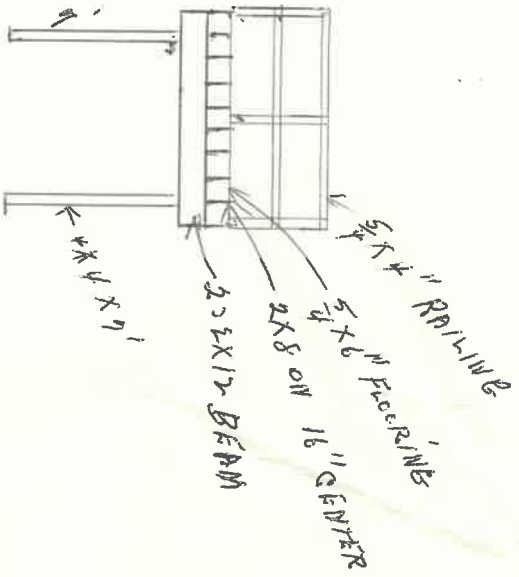
FEE DESCRIPTION PAID DATE FEE AMOUNT DUE
BUILDING PERMIT 9.00



TOTAL FEES DUE 9.00

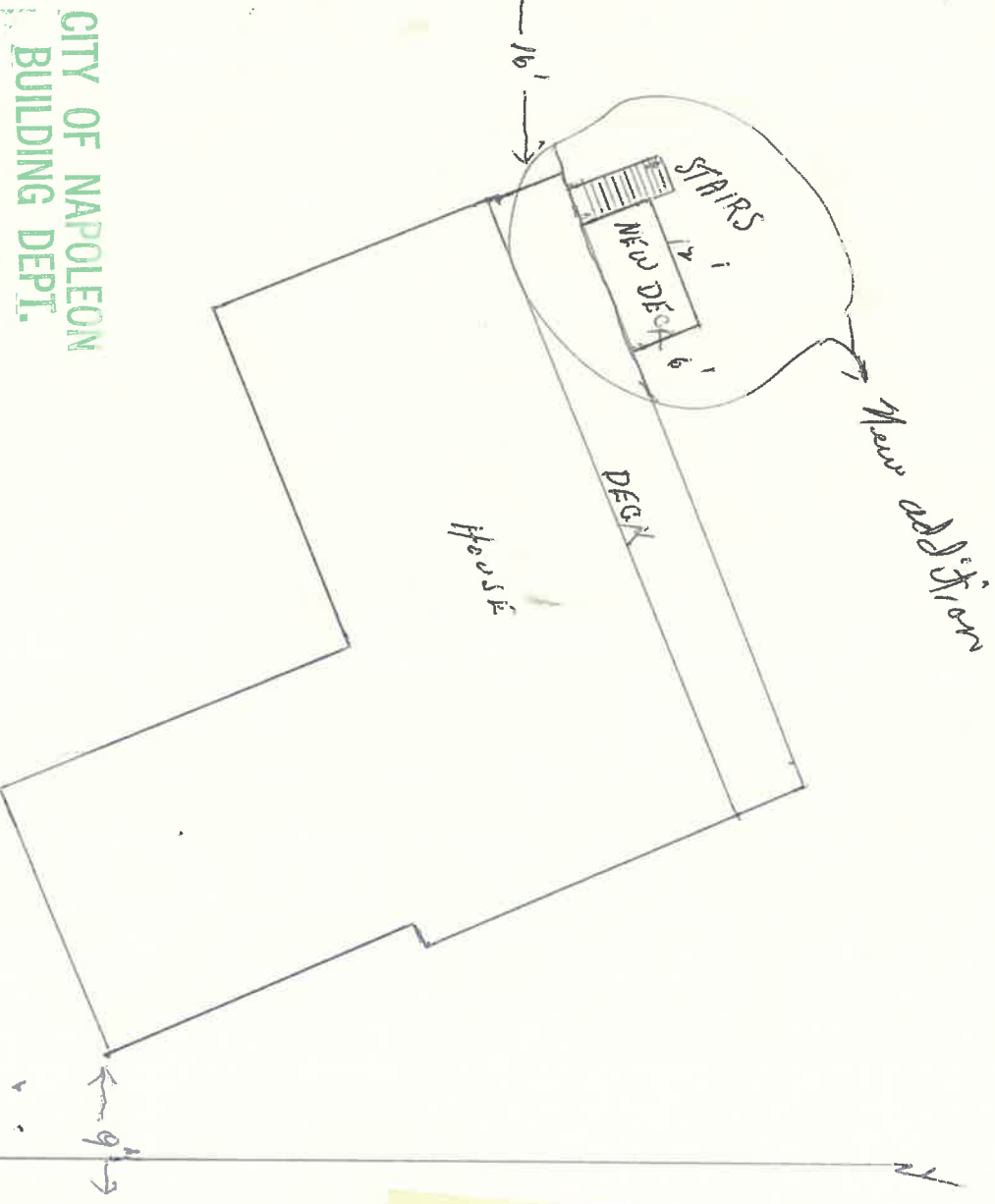
DATE

APPLICANT SIGNATURE



1/4\"/>

150'



CITY OF NAPOLEON
BUILDING DEPT.
 Plan Approval
 BY *ASL*
 Date *5/31/77*

Mike Lee addition
Plany Komas, Inc. BuildOut

LAKE VIEWS DR.

100'

80'

1/16\"/>

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 11-5-02 JOB LOCATION 11 Lakeview Drive

LOT # _____ SUBDIVISION NAME _____

OWNER Eric Damman PHONE 419 592-8193

OWNER ADDRESS 11 Lakeview Drive CITY Napoleon OH ZIP 43545

CONTRACTOR - SELF _____ PHONE _____

CONTRACTOR ADDRESS _____ CITY _____ ZIP _____

CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: Wood deck structure repair

ESTIMATED COST OF WORK TO BE PERFORMED: \$500

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 _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

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

Plumbing Contractor _____ Phone _____ 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 Eric L Damman Date 11-5-02