

PERMIT

City of Napoleon  
255 W. Riverview  
Napoleon, OH 43545

Division of Building and Zoning  
PH (419) 592-4010  
FAX (419) 599-8393

Permit No: 002071

Date Issued: 03-22-04

Issued by: BND

Job Location: 17 LAKEVIEW DR

Est. Cost: 18000.00

Lot #:

Subdivision Name:

Owner: KRUSE, EDWARD  
Address: 17 LAKEVIEW DR  
CSZ: NAPOLEON, OH 43545  
Phone: 419-592-4034

Agent: SEAMLESS SIDING & WI  
Address: 5511 TELEGRAPH RD  
CSZ: TOLEDO, OH 43612  
Phone: 419-470-6200

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: Addn'n: Alter: Remodel:

WORK INFORMATION

Size - Lgth: Width: Stories: Living Area SF:  
Garage Area SF: Height: Bldg Vol Demo Permit:

WORK DESCRIPTION

WINDOW / DOOR REPLACEMENT

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		73.00

Total Fees Due 73.00



3-22-04  
Date

J. Franz  
Applicant Signature

MIS S. 3. 2004

# CITY OF NAPOLEON OHIO PERMIT APPLICATION

THIS APPLICATION IS FOR: RECONSTRUCTION, REPAIRS, ALTERATIONS, ELECTRICAL, MECHANICAL, PLUMBING, MECHANICAL, DEMOLITION, REMODELING.

DATE \_\_\_\_\_ JOB LOCATION 17 Lakeview Dr

LOT # \_\_\_\_\_ SUBDIVISION NAME \_\_\_\_\_

OWNER Mr. Mrs. Edward Kruse PHONE 419 592-4034

OWNER ADDRESS 17 Lakeview CITY Napoleon ZIP 43545

CONTRACTOR Seamless Siding & Windows PHONE 419 470 6200

CONTRACTOR ADDRESS 5511 Telegraph RD CITY Toledo ZIP 43612

CONTRACTOR FAX # 419 470 6207 CELL PHONE (Opt.) \_\_\_\_\_

DESCRIPTION OF WORK TO BE PERFORMED: Repalce 18 Windows 2 P/E Doors

ESTIMATED COST OF WORK TO BE PERFORMED: \$18,000.

### 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 *Joe Cornea* Date 3-18-04

