THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT 255 W. RIVERVIEW

(419)592-4010

Mechanical Permit

Page 1 of 1

Permit Number: MC2006-3

Printed: 1/13/2006

Property Address:

1822 Lamar Lane

Applicant Address:

Elling Plumbing & Heating

T 487 ST HWY 108 Napoleon, OH 43545 Approval Date: 1/13/2006

Phone: 419-598-8991

Owners

Name: Mr. Robert Cruz

1822 Lamar

Napoleon, OH 43545

Phone:

419-599-7131

Contractors Elling Plumbing & Heating

Address:

T 487 ST HWY 108

Napoleon, OH 43545

Phone 419-598-8991

Fees and Receipts:

Number FEE2006-41

Description

replacing a/c or furnace

Amount \$5.00

Total Fees:

\$5.00

Description of work to be done:

Replacing furnace

CITY OF NAPOLEON

pplicant signature:

Date:



CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

OWNER: ROBERT CRUZ P	PHONE: 599-7131
OWNER ADDRESS: 1822 LAMAR	CITY: MAPOZEOPP:
CONTRACTOR: ELLING P+H	PHONE: 598-8991
CONTRACTOR LICENSED WITH THE CITY OF NA	APOLEON?: YES:NO:
PERFORMED: FURNACE	REPLACEMENT
PLEASE MARK THE TYPE OF	WORK YOU WILL BE PERFORMING
_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
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*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.

City of Napoleon

BUILDING & ZONING DEPARTMENT

255 W Riverview (419)592-4010



Inspection Record		Page: 1		
Inspection #: INSP2006-	•			
Address: 1822 Lamar La	ane	Reference #: MC2006-3		
Napoleon, OH	43545			
Applicant: Mr. Robert Cru	IZ			
Directions To Parcel:				
Inspection Type: Mecha	anial Final	Date: 1/13/2006		
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:				