

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT
 255 West Riverview Avenue, Napoleon, Ohio 43545 - 419-592-4010

Permit No. 01339 Issued 4-9-87
date

Job Location 641 Leonard St.
address

Lot 23 Sheffields 2nd add.
sub-div or legal discript

Issued By Eldon Huber
building official

Owner Rollin Wayne Macher
name tel.

Address 911 W. Washington

Agent Gloor Construction 592-3378
builder-eng.-etc. tel.

Address 839 Welsted

Description of Use Residence

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel X

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 2,850.00

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING	6.00	18.00	24.00
<input type="checkbox"/> ELECTRICAL			
<input type="checkbox"/> PLUMBING			
<input type="checkbox"/> MECHANICAL			
<input type="checkbox"/> DEMOLITION			
<input type="checkbox"/> ZONING			
<input type="checkbox"/> SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			24.00
LESS MIN. FEES PAID _____			
			<small>date</small>
BALANCE DUE.....			

ZONING INFORMATION N.A.

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

WORK INFORMATION: N.A.

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

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

Electrical: N.A.
brief description

Plumbing: N.A.
brief description

Mechanical: N.A.
brief description

Sign: N.A. Dimensions _____ Sign Area _____
type

Additional Information: Install new vinyl siding and new soffit **PAID**
(install smoke detector's as required)

Date 4-7-87 Applicant Signature *Rollin Wayne Macher* APR 7 1987
owner-agent CITY OF NAPOLEON

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

01339 255 West Riverview Avenue, Napoleon, Ohio 43545 - 419-592-4010

Permit No. [REDACTED] Issued 4-7-87 date

Job Location 641 LEONARD ST. address

Lot 23 SAEFFIELD 2ND ADD sub-div or legal discript

Issued By 54 building official

Owner POCCIN WADE MACHER name tel.

Address 911 W. WASHINGTON

Agent GLOR CONSTRUCTION 592-3378 builder-eng.-etc. tel.

Address 839 WELSTED

Description of Use RESIDENCE

Residential 1 no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel X

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 2850.00

ZONING INFORMATION N.A.

district <u>B</u>	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: N.A.

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

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

Electrical: N.A. brief description _____

Plumbing: N.A. brief description _____

Mechanical: N.A. brief description _____

Sign: N.A. Dimensions _____ Sign Area _____

Additional Information: INSTALL NEW VINYL SIDING AND NEW SOFFIT (INSTALL SMOKE DETECTOR/1 AS REQ.)

Date _____ Applicant Signature _____ owner-agent

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING	<u>6.00</u>	<u>18.00</u>	<u>24.00</u>
<input type="checkbox"/> ELECTRICAL			
<input type="checkbox"/> PLUMBING			
<input type="checkbox"/> MECHANICAL			
<input type="checkbox"/> DEMOLITION			
<input type="checkbox"/> ZONING			
<input type="checkbox"/> SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			<u>24.00</u>
LESS MIN. FEES PAID _____ date _____			
BALANCE DUE.....			

CITY OF NAPOLEON
 BUILDING INSPECTION DEPARTMENT
 APPLICATION FOR BUILDING PERMIT
 (Please print or type)

The undersigned hereby makes application for construction, installation, or alteration work as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Building Codes.

Location of project 641 Leonard st Cost of project 2850.00

Owner's Name Rollin Wanemacher Address 911 W. Washington

Contractor Colour Construction Telephone No. 592-3378

Address 839 WELSTED

Lot Information: (Not required for siding job)

Lot No. _____ Subdivision _____

Zoning District _____ Lot Size _____ ft. X _____ ft. Area _____ sq. ft.

Setbacks: Front _____ Right Side _____ Left Side _____ Rear _____

Work Information:

Residential Commercial _____ Industrial _____

New Construction _____ Addition _____ Remodel _____

Accessory Building _____ Siding WOLUVRNE VINYL
 (Specific Type)

Brief Description of Work: ----- INSTALL SIDING OVER EXISTING WOOD SIDING
INSTALL SOFFIT OVER EXISTING SOFFIT

Size: Length _____ Width _____ No. of Stories _____

Area: 1st Floor _____ sq. ft. Basement _____ sq. ft.

2nd Floor _____ sq. ft. Accessory Bldg. _____ sq. ft.

3rd Floor _____ sq. ft. Other _____ sq. ft.

Additional Information: _____

APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING: ELEVATIONS, FLOOR PLANS, CROSS SECTIONS AND PLOT PLAN. IF ADDITION OR REMODELING, SHOW ALL EXISTING STRUCTURES AND THEIR SIZE AND LOCATION. ALL PLANS SHALL BE DRAWN TO SCALE.

Date 4-7-87 Applicant's Signature [Signature]

PERMIT NO. 01339

PERMIT FEE \$ 24.00

