

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

MIT NO: 97369

DATE ISSUED: 09-29-97

ISSUED BY: BND

JOB LOCATION: 643 LEONARD ST

EST. COST: 1800.00

LOT #:

SUBDIVISION NAME:

OWNER: DELEE, DOUG
ADDRESS: 643 LEONARD ST
CSZ: NAPOLEON, OH 43545
PHONE:

AGENT: GABLE HEATING & AC
ADDRESS: 220 ORCHARD LN
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-1176

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

E - LGTH: WIDTH: STORIES: LIVING AREA SF:
AGE AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION
FURNACE REPLACEMENT

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
MECHANICAL PERMIT		5.00

TOTAL FEES DUE 5.00

9-29-97

DATE

Randy E. Gable
APPLICANT SIGNATURE



Memorandum

To: Ida Bostelman, Henry County Auditor
From: Brent Damman, Zoning Admin *BD*
Date: Friday August 29, 2003
Subject: Request for tax cards for nuisance properties.

Could you please forward (via fax 599-8393) tax cards for the following properties;

722 Erie St.
923 N. Perry St.
1010 S. Perry St.
720 Stout St.
1039 Scott St.
643 Leonard St.
231 Meekison St.

Thank You

APPLICATION FOR
 Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit
 FROM - The City of Napoleon, Ohio, Building Department
 255 West Riverview Avenue; P.O. Box 151; Napoleon, Ohio 43545 - Telephone (419) 592-4010

ENTRY NO. _____

PERMIT NO. _____ ISSUED _____

JOB LOCATION 643 Leonard St

LOT _____
 (Subdivision or Legal Description)

ISSUED BY _____
 (Building Official)

OWNER Doug Delee PHONE 599-9729

ADDRESS 643 Leonard St. Nap.

AGENT Elden Roth Elec PHONE 445-6400

ADDRESS 6864 SH-66 Archbold Ohio

USE: Residential Commercial Industrial
 Other _____

WORK: New Addition Replacement Remodel

ESTIMATED COST \$ 1525.00

	Base	Plan	Total
<input type="checkbox"/> Building	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Electrical	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Plumbing	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Mechanical	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Demolition	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Zoning	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Sign	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Water Tap	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Sewer Tap	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp Water	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp Elec.	\$ _____	\$ _____	\$ _____

Additional Plan Review: Structure _____ Hours _____
 Electric _____ Hours _____

TOTAL FEES \$ _____
 Less Fees Paid \$ _____
 BALANCE DUE \$ _____

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard

Max Height	No. Pkg. Spaces	No. Log. Spaces	Max Cover	Petition or Appeal Required-Date

WORK INFORMATION

Building: Ground Floor Area _____ sq. ft. Basement Floor Area _____ sq. ft.
 Garage Floor Area _____ sq. ft. 2nd Floor Area _____ sq. ft. Other _____ sq. ft.
 Size: Length _____ Width _____ Stories _____ Height _____
 Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: up grade electrical service from 60 to 100 Amp and install 9 outlets.