PERMIT

CITY OF NAPOLEON 255 W. RIVERVIEW AVE NAPOLEON, OHIO 43545

DIVISION OF BUILDING & ZONING PH (419) 592-4010 FAX (419) 599-8393

PERMIT NO: 1060 DATE ISSUED: 04-03-02 ISSUED BY: MRD

JOB LOCATION: 902 LUMBARD ST

EST. COST: 6860.00

LOT #:

SUBDIVISION NAME:

OWNER: GOOD, PATTI

ADDRESS: 902 LUMBARD ST ADDRESS: 2930 CENTENIAL RD CSZ: NAPOLEON, OH 43545

CS2: TOLEDO, OH 43617

AGENT: EVERDRY WATERPROOFIN

PHONE: 419-592-6561

PHONE: 800-825-6055

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

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

WORK DESCRIPTION BASEMENT WATERPROOF

FEE DESCRIPTION PAID DATE FEE AMOUNT DUE

51.00

BUILDING PERMIT

CITY OF NAPOLEON

TOTAL FEES DUE

APPLICANT SIGNATURE

DATE

CITY OF NAPOLEON OHIO PERMIT APPLICATION THIS APPLICATION IS FOR RESIDENTIAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMOLITION, REMODELING.

DOWNER ADDRESS SAME CITY ZIP CONTRACTOR VECKORY PHONE SOD 625 - 6055 CONTRACTOR ADDRESS CITY ZIP CONTRACTOR ADDRESS CITY ZIP CONTRACTOR FAX # CELL PHONE (Opt.) DESCRIPTION OF WORK TO BE PERFORMED: DESCRIPTION OF WORK TO BE PERFORMED. BUILDING SIZE: Height DEMO VOL DESCRIPTION OF WORK TO BE PERFORMED OF WORK TO BE PERF	DATE	JOB LOCATION 902	LUMBARD		
OWNER ADDRESS CITY					
CONTRACTOR VERY PHONE SON 825-(2055) CONTRACTOR ADDRESS CITY ZIP CONTRACTOR ADDRESS CITY ZIP CONTRACTOR FAX # CELL PHONE (Opt.) DESCRIPTION OF WORK TO BE PERFORMED: DESCRIPTION OF WORK TO BE P	OWNER POTTI 6	3000	PHONE 572-	0201	
CONTRACTOR ADDRESS CITY ZIP CONTRACTOR ADDRESS CITY ZIP CONTRACTOR ADDRESS CITY ZIP CONTRACTOR FAX # CELL PHONE (Opt.) DESCRIPTION OF WORK TO BE PERFORMED:	OWNER ADDRESS	DAME	CITY	710	
CONTRACTOR ADDRESS CITY ZIP CONTRACTOR FAX # CELL PHONE (Opt.) DESCRIPTION OF WORK TO BE PERFORMED: DESCRIPTION OF WORK INFORMATION BUILDING: Basement Floor Area Sq. Ft. 1st Story Living Area Sq. Ft. St. Story Living Area Sq. Ft. 1st Story Living Area Sq. Ft.	CONTRACTOR EVE	ey Dey	PHONE	700-825-/a/	156
CELL PHONE (Opt.) DESCRIPTION OF WORK TO BE PERFORMED: BASEMENT (WATER POOPUS G. ESTIMATED COST OF WORK TO BE PERFORMED: 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: MASONRY Contract Address Electrical Contract Address Fax Address To Pick up Permit Brane St. Zip Plumbing Contract Address hone Fax Zip Meating Contract Address St. Zip Insulation Contract Address Other Contractor attach information. ZONING INFORMATION (to be completed by City): District Lot Dimensions ELOT AND	CONTRACTOR ADDRE	SS	CITY	710	199
ESTIMATED COST OF WORK TO BE PERFORMED: DESCRIPTION OF WORK TO BE PERFORMED: DESCRIPT	CONTRACTOR FAX #		CELL PHONE ((Ont)	
WORK INFORMATION BUILDING: Basement Floor Area	DESCRIPTION OF WOR	K TO BE PERFORMED: BASEW	MENT WATER L	DOVELLIG	
BUILDING: Basement Floor Area	ESTIMATED COST OF	WORK TO BE PERFORMED: 508	60000		
Sq. Ft. Garage Floor Area Sq. Ft.	WORK INFORMATION				
Sq. Ft. Garage Floor Area Sq. Ft.	BUILDING: Basement Floor Area Sq. Ft. 1st Story Living Area Sq. Ft.				
Height DEMO VOL	2nd Floor Liv	ring AreaSq.	Ft. Garage Floor Area_		Sa Ft
Other Contractor attach information. ZONING INFORMATION (to be completed by City): District Lot Dimensions Lot Area FRSB SYSB RYSB Max Ht ft Max Cov 1/2	Masonry Contract Address Electrical Contrac Address Plumbing Contrac Address Heating Contract Address Insulation Contract	ANS TO START JOB JOAN. WILL STOP MONDAY PICK UP PERMIT TO BEFOR	Height Ione St hone St hone St none St	DEMO VOL Fax Fax Zip Fax Zip Fax Zip Fax Fax Fax Fax Fax Fax Fax Fax Fax	
Applicant Signature	ZONING INFORMATION Lot Area I by signing below agree to comply with all approved by the building inspector of the City	(to be completed by City): District FRSB RYSB	Lot Dimensions Max Htft e work herein described. I understand that the	May Cau	22.

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 10	50		
DATE ISSUED:	04-03-2002		
JOB LOCATION	: 902 LUMBARD ST		
OWNER: GOOD,	PATTI		
OWNER PHONE:	119-592-6561		
CONTRACTOR: E	EVERDRY WATERPROOFING		
CONTRACTOR PH	HONE: 800-825-6055		
WORK DESCRIPTION: BASEMENT WATERPROOF			
PLUMBING:	UNDGR RGHIN FINAL		
	SEWER INSP		
MECHANICAL:	UNDGR RGHIN FINAL		
	FURNACE REPLC AIR COND		
ELECTRICAL:	UNDGR RGHIN FINAL		
	SERV UPGR		
BUILDING:	SITE FTG FNDT		
	STRUC ROOF EXT		
	VENT ACCES EGRS		
	SMKDT FINAL		
	ISSUE TEMP OCCUP ISSUE OCCUP		
STRG SHED: SI	TEFINAL		
SIGN: FT	GFINAL		
FENCE: SI	TE FINAL		
MISC INSP:			
NOTES:			
TNCDECMOD TWI	TTALS:		