

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

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  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-6561

AGENT: EVERDRY WATERPROOFIN  
ADDRESS: 2930 CENTENIAL RD  
CSZ: TOLEDO, OH 43617  
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
BUILDING PERMIT		51.00



TOTAL FEES DUE 51.00

4-8-02

DATE

*[Handwritten Signature]*

APPLICANT SIGNATURE

# CITY OF NAPOLEON OHIO PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTIAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMOLITION, REMODELING.

DATE \_\_\_\_\_ JOB LOCATION 902 LUMBARD

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

OWNER PATTI GOOD PHONE 512-05201

OWNER ADDRESS SAME CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CONTRACTOR EVERY DAY PHONE 800-825-6055

CONTRACTOR ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CONTRACTOR FAX # \_\_\_\_\_ CELL PHONE (Opt.) \_\_\_\_\_

DESCRIPTION OF WORK TO BE PERFORMED: BASEMENT WATER PROOFING

ESTIMATED COST OF WORK TO BE PERFORMED: \$10800

### 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: \_\_\_\_\_ Height \_\_\_\_\_ DEMO VOL \_\_\_\_\_

Masonry Contract Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Electrical Contract Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Plumbing Contract Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Heating Contract Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Insulation Contract Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ 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 \_\_\_\_\_ Date \_\_\_\_\_

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1060

DATE ISSUED: 04-03-2002

JOB LOCATION: 902 LUMBARD ST

OWNER: GOOD, PATTI

OWNER PHONE: 419-592-6561

CONTRACTOR: EVERDRY WATERPROOFING

CONTRACTOR PHONE: 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 \_\_\_\_\_ FNDDT \_\_\_\_\_

STRUC \_\_\_\_\_ ROOF \_\_\_\_\_ EXT \_\_\_\_\_

VENT \_\_\_\_\_ ACCES \_\_\_\_\_ EGRS \_\_\_\_\_

SMKDT \_\_\_\_\_ FINAL \_\_\_\_\_

ISSUE TEMP OCCUP \_\_\_\_\_ ISSUE OCCUP \_\_\_\_\_

STRG SHED: SITE \_\_\_\_\_ FINAL \_\_\_\_\_

SIGN: FTG \_\_\_\_\_ FINAL \_\_\_\_\_

FENCE: SITE \_\_\_\_\_ FINAL \_\_\_\_\_

MISC INSP: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSPECTOR INITIALS: \_\_\_\_\_