

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: 97417

DATE ISSUED: 10-24-97

ISSUED BY: MBS

JOB LOCATION: 901 LYNNE AVE

EST. COST: 3600.00

LOT #:

SUBDIVISION NAME:

OWNER: RILEY, TOM
ADDRESS: 901 LYNNE AVE
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-7983

AGENT: K K KUTZLI CONSTRUCT
ADDRESS: 107 WABASH
CSZ: LIBERTY CENTER, OH 435
PHONE: 419-533-2665

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: X ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION
WINDOWS AND SOFFET REPLACEMENT

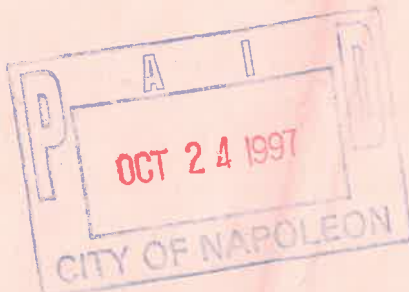
FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		45.00

TOTAL FEES DUE 45.00

10-24-97

DATE

Judith Kutzli
APPLICANT SIGNATURE



INSPECTOR INITIALS: _____

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 97417

DATE ISSUED: 10-24-97

JOB LOCATION: 901 LYNNE AVE

OWNER: RILEY, TOM

OWNER PHONE: 419-599-7983

CONTRACTOR: K K KUTZLI CONSTRUCTION

CONTRACTOR PHONE: 419-533-2665

WORK DESCRIPTION: WINDOWS AND SOFFET REPLACEMENT

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: 12-30-97 _____

NOTES: _____
