

CITY OF NAPOLEON
BUILDING CONSTRUCTION PERMIT
 (1, 2 or 3 Family Dwelling)

Owner Name A. Saman

Address R.#4

Builder Name Self

Address Same Tel. 592-0312

Lot Information:

Street No. 930 Lynn

Lot -- Subdivision --

Lot Dimensions Lot Area Sq. Ft.

Yard Set Back: Front Rear
 Side Side

Zoning "A" Intended use of Building: Installing over the existing roof shingles with self-seal asphalt shingles.

Building Information:

Single Double Multiple New Construction Addition Remodel

Size: Length Width No. of Stories

Floor Area: 1st Floor 2nd Floor 3rd Floor Basement

Unfinished Attic Garage

Foundation: Piers Full Basement Part Basement
 Concrete Block

Walls: Frame Block Brick Other

Electrical: Wiring Electric Heating Electrical Appliances

Plumbing: Fixtures or Traps Warm Air Heating Hot Water Heating

Additional Information:

Date 8/19/75 Applicant Signature [Signature]

Owner - Builder - Agent

Inspection Record:

Work Started	Foundations	Plumbing, Heating
Set Back, Side Lines	Plumbing (Rough In)	And Air Conditioning
Excavation	Erecting Frame	Roof
Footing	Electrical Work	

Comments:

Certificate of Occupancy Issued

Pink - Engineer

Inspector

Permit No.	365-75		
Issued	8/19/75		
By	<u>[Signature]</u> Building Inspector		
Valuation	\$380.00		
	Fees	Base	Plus
Construction	\$3.00	--	\$3.00
Plumbing			
Electrical			
Heating			
Water Tap			
Sewer Tap			
Temporary Elec.			
TOTAL	\$3.00	--	\$3.00

CITY OF NAPOLEON
ENGINEERING DEPARTMENT
APPLICATION FOR CONSTRUCTION PERMIT
(PLEASE PRINT OR TYPE)

I, undersigned hereby make application for the construction, installation, replacement or alteration as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's Building Code for 1, 2 and 3 Family Buildings.

Owner's Name A. Saman Address R#4

Builder's Name own contractor Address _____ Tel. 592-0342

NOT INFORMATION: (Not required for roofing or siding job.)

Location of Project 930 Lynn Lot # _____

Subdivision _____ Lot Area _____ Sq. Ft. _____

Yard Set Backs: Front _____ East _____ Left Side _____
Right Side _____ Zoning District _____

BUILDING INFORMATION:

Single Double _____ Multiple _____ New Construction _____

Addition _____ Removal _____ Attached Garage

Attached Garage _____ Accessory Building _____ Replacement

Brief Description of Work: replace existing shingles with new.

Mass: Length _____ Width _____ No. of Stories _____

Floor Area: 1st Floor _____ Sq. Ft. 2nd Floor _____ Sq. Ft.
3rd Floor _____ Sq. Ft. Basement _____ Sq. Ft.
Unfinished Attic _____ Garage _____

Foundation: Piers _____ Full Basement _____ Part Basement _____
Concrete _____ Thickness _____ Block _____ Size _____

Walls: Frame _____ Block _____ Brick _____ Other _____

Specific Type of Exterior Siding _____

APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLAN INCLUDING: ELEVATIONS, FLOOR PLANS, CROSS SECTIONS AND PLOT PLAN. IF REVISIONS OR REMODELING, SHOW ALL EXISTING STRUCTURES AND THEIR SIZE AND LOCATION. ALL PLANS SHALL BE DRAWN TO 1/4"=1'-0" SCALE. PLOT PLAN DRAWN TO 1/8"=1'-0" SCALE.

ESTIMATED COST OF COMPLETED PROJECT: \$380.00

DATE August 19, 1975 APPLICANT'S SIGNATURE A. Saman
OWNER-BUILDER-AGENT