

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 97362

DATE ISSUED: 09-24-97

JOB LOCATION: 940 LYNNE AVE

OWNER: BELL, JAMES

OWNER PHONE: 419-599-2040

CONTRACTOR: VONDEYLEN PLBG & HTG

CONTRACTOR PHONE: 419-592-4756

WORK DESCRIPTION: FURANCE & A/C REPLACEMENT

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC 9-26 AIR COND 9-26

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: SITE _____ FINAL _____

SIGN: FTG _____ FINAL _____

FENCE: SITE _____ FINAL _____

MISC INSP: _____

NOTES: BJR

INSPECTOR INITIALS: _____

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 940 Lynne

LOT _____
(Subdivision or Legal Description)

ISSUED BY _____
(Building Official)

OWNER Jim Bell PHONE 599-0240

ADDRESS 940 Lynne Ave

AGENT Von Deylen Plbg + Htg PHONE 592-4756

ADDRESS 116 E Clinton Napoleon

USE: Residential () Commercial () Industrial
() Other _____

WORK: () New () Addition Replacement () Remodel

ESTIMATED COST = \$ 4000

<p>() Building \$ _____ \$ _____ \$ _____</p> <p>() Electrical \$ _____ \$ _____ \$ _____</p> <p>() Plumbing \$ _____ \$ _____ \$ _____</p> <p>() Mechanical \$ <u>500</u> \$ _____ \$ <u>5.00</u></p> <p>() Demolition \$ _____ \$ _____ \$ _____</p> <p>() Zoning \$ _____ \$ _____ \$ _____</p> <p>() Sign \$ _____ \$ _____ \$ _____</p> <p>() Water Tap \$ _____ \$ _____ \$ _____</p> <p>() Sewer Tap \$ _____ \$ _____ \$ _____</p> <p>() Temp Water \$ _____ \$ _____ \$ _____</p> <p>() Temp Elec. \$ _____ \$ _____ \$ _____</p>	<p>Additional Structure _____ Hours _____</p> <p>Plan Review: Electric _____ Hours _____</p>
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TOTAL FEES \$ 5.00
 Less Fees Paid \$ 5.00
 BALANCE DUE \$ _____

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard

Max Height	No. Pkg. Spaces	No. Ldg. 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: Replace furnace + A/C