

CITY OF NAPOLEON OHIO PERMIT APPLICATION

DATE 415 JOB LOCATION LOT# SUBDIVISION NAME OWNER MAN PHONE 59 OWNER ADDRESS CITY CONTRACTOR PHONE **CONTRACTOR ADDRESS** ______CITY ______ZIP _____ CONTRACTOR FAX # CELL PHONE (Opt.) DESCRIPTION OF WORK TO BE PERFORMED: _______ 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: Length _____ Width ____ Stories ____ Height ____ DEMO VOL ____ Masonry Contractor City_____ Phone ____ Address Electrical Contractor Phone Fax Address City Plumbing Contractor Phone Fax Address _____ City Heating Contractor Phone Fax Address ____ City Zip Insulation Contractor ____ Phone City____ Address 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