

THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

Mechanical Permit

Permit Number: MC2005-89

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Printed: 11/4/2005

Property Address: 910 Lynne Ave.

Applicant

Address: Vondeylen Plumbing and Heating
116 E Clinton St
Napoleon, OH 43545

Approval Date: 11/4/2005

Phone: 419-592-4756

Owners

Name: Ms. Carmen Lassen
910 Lynne Ave
Napoleon, OH 43545

Phone: 419-592-4391

Contractors

Address: Vondeylen Plumbing and Heating
116 E Clinton St
Napoleon, OH 43545

Phone: 419-592-4756

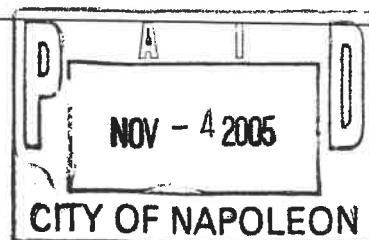
Fees and Receipts:

| Number | Description | Amount |
|-------------|--------------------------|--------|
| FEE2005-828 | replacing a/c or furnace | \$5.00 |
| FEE2005-829 | replacing a/c or furnace | \$5.00 |

Total Fees: \$10.00

Description of work to be done:

replacing existing furnace & a/c



Applicant signature: _____ Date: _____

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

DATE: 11-1-05 JOB LOCATION: 910 Lynn Ave

OWNER: Carmen Lassen PHONE: 592-4391

OWNER ADDRESS: 910 Lynn Ave CITY: Nap. ZIP: 43545

CONTRACTOR: Von Deylen Plbg & Htg, Inc PHONE: 419-592-4756

CONTRACTOR LICENSED WITH THE CITY OF NAPOLEON?: YES: + NO: _____

DESCRIPTION OF WORK TO BE PERFORMED: Replace existing furnace + A/C

PLEASE MARK THE TYPE OF WORK YOU WILL BE PERFORMING

- | | |
|---|---|
| <input type="checkbox"/> A/C ADD ON | <input type="checkbox"/> REMODELING |
| <input type="checkbox"/> BOILER REPLACEMENT | <input type="checkbox"/> ROOFING |
| <input type="checkbox"/> CURBING | <input type="checkbox"/> SEWER REPAIRS** |
| <input type="checkbox"/> DECKS * | <input type="checkbox"/> SIDEWALK* |
| <input type="checkbox"/> DRIVEWAY* | <input type="checkbox"/> SIDING |
| <input type="checkbox"/> ELECTRICAL SERVICE UPGRADE | <input type="checkbox"/> STORAGE SHED* |
| <input type="checkbox"/> ELECTRICAL SERVICE NEW | <input type="checkbox"/> SWIMMING POOL* |
| <input type="checkbox"/> FENCE* | <input checked="" type="checkbox"/> FURNACE REPLACEMENT |
| <input type="checkbox"/> ADDITIONS* | <input checked="" type="checkbox"/> A/C Replacement |
| <input type="checkbox"/> FURNACE NEW | <input checked="" type="checkbox"/> TEMP ELECTRIC |
| <input type="checkbox"/> LAWN METER | <input type="checkbox"/> WATER TAP (size _____") |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> WINDOWS |
| | <input type="checkbox"/> ZONING |

10.00

*PLEASE INCLUDE A PICTURE SHOWING MEASUREMENTS FROM EXISTING STRUCTURES AND PROPERTY LINES. INDICATING THE TYPE OF WORK YOU WISH TO PERFORM.

** IF WORK REQUIRES GOING INTO THE STREET A STREET BOND IS REQUIRED!

FOR PERMIT COSTS PLEASE FILL OUT REVERSE SIDE.

