

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: 117 DATE ISSUED: 05-15-00 ISSUED BY: BND

JOB LOCATION: 101 W MAIN ST EST. COST:

LOT #: SUBDIVISION NAME:

OWNER: WITT, MARLO
ADDRESS: 1002 FAIRVIEW DR
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-6058

AGENT: TRI-COUNTY ROOFING I
ADDRESS: 13771 CO RD 162
CSZ: PAULDING, OH 45879
PHONE: 419-399-3964

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: (ADD'N: ALTER: REMODEL:

WORK INFORMATION

SIZE - LGTH: WIDTH: STORIES: LIVING AREA SF:
GARAGE AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION
REMODEL (ELEC)

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
ELECTRICAL PERMIT		15.00

TOTAL FEES DUE 15.00

DATE

APPLICANT SIGNATURE

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 4/24/00 JOB LOCATION 101 W Main St

LOT # _____ SUBDIVISION NAME _____

OWNER Marlo Witte PHONE 419-592-6058

OWNER ADDRESS 101 W. Main St CITY Napoleon ZIP 43545

CONTRACTOR Tri-County Roofing Inc PHONE 419-399-3964

CONTRACTOR ADDRESS 13771 CR 1162 CITY Paulding ZIP 45879

CONTRACTOR FAX # 419-399-9662 CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: Electrical

ESTIMATED COST OF WORK TO BE PERFORMED: 2800-

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 _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Electrical Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Plumbing Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Heating Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Insulation Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

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 Konda Dotts Date 4/24/00