P-17-0015

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

DATE 1-9-17 JOB LOCATION 230 W MAIN			
MALIS PISTA	LEPHONE	# 372-	9675
OWNER ADDRESS 230 W MAIN			
CONTRACTOR EUING PHH CIEN	LL PHONE	#	
DESCRIPTION OF WORK TO BE PERFORMED REPLACE FULC			
ESTIMATED COMPLETION DATE ESTIMATED CO	ost 3,	000	
Affected Floor Area (AFA): In existing structures, it is the area affected by the improvement, i.e. a new only the room and not all the rooms).	wall dividing	a room (the AF	A would be
DESCRIPTION	FEE	TOTAL CO	ST
BUILDING:			
Decks	\$25.00	2	
Addition & Alterations Square foot in (AFA) x \$0.05 = \$ +	\$25.00 =	\$	
Garage and Shed over 200 SF (Detached)	\$25 00	s	
Siding and/or Roofing	\$25.00	s	
Windows/Doors	\$25.00	\$	
ELECTRICAL:			
Electrical Circuits in (AFA) x \$3.00/Circuit = \$ +	\$25.00 =	\$	
Electrical Service Upgrade	\$25.00	S	
MECHANICAL:			
Water Heater	\$25.00	S	
Furnace and/or AC Replacement	\$25.00	s 25	00
PLUMBING:			
Plumbing Traps in (AFA) × \$3.00/Trap = \$ +	\$25.00 =	S	
TOTAL plus Ohio Board of Building Standard	ls Fee 1%	s Oi	35
	TAL FEE:	s 25	25
I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION, ELECTRICA ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE AROVE SHALL F FERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON BUILDING//.O	E UNDERTAK	EN OR PERFORM	ion or Ed until the
I hereby certify that I am the Owner of the named property, or that the proposed work is authorized by the Owner of record and shall i application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for We the code afficial or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reapplicable to such permit.	ork described to t	us application is ten	ed I certify that
I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED I	NSTRUCTIO	NS.	
SIGNATURE OF APPLICANT: DATE:			
PRINT NAME:			
BATCH# 359 87 CHECK# DATE V	12/17		16-3
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