

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: 99184

DATE ISSUED: 06-09-99

ISSUED BY: BND

JOB LOCATION: 310 W MAIN ST

EST. COST: 22441.00

LOT #:

SUBDIVISION NAME:

OWNER: BECHTOL, JOHN
ADDRESS: 14809 ST HWY 424
CSZ: NAPOLEON, OH 43545
PHONE: 419-758-3350

AGENT: ALLIED ENVIR SERV IN
ADDRESS: 1867 S DIXIE HWY
CSZ: LIMA, OH 45804
PHONE: 419-227-4004

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

WINDOWS & DOORS REPLACEMENT

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

BUILDING PERMIT

83.00

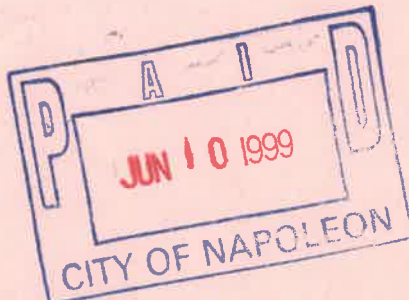
TOTAL FEES DUE 83.00

6/10/99

DATE

[Handwritten Signature]

APPLICANT SIGNATURE



CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 6-9-99 JOB LOCATION 310 Bl Main Napoleon

LOT # _____ SUBDIVISION NAME _____

OWNER George Taylor Maurice Valley Planning PHONE _____

OWNER ADDRESS _____ CITY _____ ZIP _____

CONTRACTOR Allied Environmental Services PHONE 419-229-4004

CONTRACTOR ADDRESS 1767 South Dixie Hwy CITY Lima, Ohio ZIP 45804

CONTRACTOR FAX # 419-229-4106 CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: Replace windows & doors

ESTIMATED COST OF WORK TO BE PERFORMED: 22441.63

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 [Signature] Date 6-9-99