

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: 1048 DATE ISSUED: 03-28-02 ISSUED BY: MRD
JOB LOCATION: 546 W MAIN ST EST. COST: 14354.00

LOT #: SUBDIVISION NAME:
OWNER: BEHNFELDT, MARK AGENT: CHAMPION WINDOWS OF
ADDRESS: 546 W MAIN ST ADDRESS: 2950 CENTENNIAL RD
CSZ: NAPOLEON, OH 43545 CSZ: TOLEDO, OH 43617
PHONE: 419-599-3542 PHONE: 419-841-0154

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: X ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION
SIDING & ENTRY DOOR

FEE DESCRIPTION PAID DATE FEE AMOUNT DUE

BUILDING PERMIT

67.00



TOTAL FEES DUE 67.00

DATE

APPLICANT SIGNATURE

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

* DATE _____ * JOB LOCATION 546 N. Main St.

LOT # _____ SUBDIVISION NAME _____

* OWNER Mark Behnfeldt * PHONE 419-599-3542

OWNER ADDRESS 546 N. Main St. * CITY Napoleon ZIP 43545

* CONTRACTOR Champion windows PHONE 419-841-0154

* CONTRACTOR ADDRESS 2950 Centennial Rd CITY Toledo ZIP 43617

* CONTRACTOR FAX # 419-843-8073 CELL PHONE (Opt.) _____

* DESCRIPTION OF WORK TO BE PERFORMED: siding home & installing 1 entry door

* ESTIMATED COST OF WORK TO BE PERFORMED: 14354⁰⁰

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 Toby Z. Bles * Date 3/22/02

Please complete one of these forms for each job.

67.00