

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: 1155

DATE ISSUED: 05-30-02

ISSUED BY: MRD

JOB LOCATION: 703 W MAIN ST

EST. COST: 1500.00

LOT #:

SUBDIVISION NAME:

OWNER: GABLE, RANDY
ADDRESS: 220 ORCHARD LN
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-1176

AGENT: GABLE HTG & A/C
ADDRESS: 220 ORCHARD LN
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-1176

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
REPLACE FURNACE

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
MECHANICAL PERMIT		5.00

TOTAL FEES DUE 5.00

5-30-02

DATE

Randy E Gable

APPLICANT SIGNATURE

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1155

DATE ISSUED: 05-30-2002

JOB LOCATION: 703 W MAIN ST

OWNER: GABLE, RANDY

OWNER PHONE: 419-599-1176

CONTRACTOR: GABLE HTG & A/C

CONTRACTOR PHONE: 419-599-1176

WORK DESCRIPTION: REPLACE FURNACE

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

 SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

 FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

 SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDT' _____

 STRUC _____ ROOF _____ EXT _____

 VENT _____ ACCES _____ EGRS _____

 SMKDT _____ FINAL _____

 ISSUE TEMP OCCUP _____ ISSUE OCCUP _____

STRG SHED: SITE _____ FINAL _____

SIGN: FTG _____ FINAL _____

FENCE: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

INSPECTOR INITIALS: _____