THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

Mech	anical Permit				Page	1 of 1
Permi	t Number: MC2	005-15		Prir	nted:	3/2/2005
Pro	perty Ad	dress:	756	Main	St.	w.
Applicant Address:	Vondeylen Pli 116 E Clinton	umbing and Heating St			Аррго	oval Date:
	Napoleon, Ol	H 43545			Phone	2: 419-592-4756
)wners						
Name:	Matt Starkey					
	756 W Main St					
Contractors Address:	Vondeylen Plur 116 E Clinton S	mbing and Heating t				
	Napoleon, OH	43545		Phone	419	-592-4756
Fees and Re	eceipts:					
Number		Description				Amount
FEE200	5-197	replacing a/c or fur	nace			\$5.00
			Т	otal Fees:		\$5.00

Applicant signature:	Date:

	*

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMILITIONS, REMODELING.

DATE:	3-2.05 JOB LOCATION: 756 W. Main	
	: Matt Starkey PHONE: 592-181	0
OWNER	ADDRESS: 756 W. Main CITY:	Napslem ZIP: 43545
		E: 592-4756
DESCRI PERFOR	PTION OF WORKSTOBE RMED: Replace furnace	
ESTIMA PERFOR	TED COST OF WORK TO BE RMED:3000 —	_
	PLEASE MARK THE TYPE OF WORK YOU WILL BE I	
		EMODELING
	_BOILER REPLACEMENT	ROOFING
)	CURBING	SEWER REPAIRS
	DECKS *	_SIDEWALK*
	DRIVEWAY*	_SIDING
	ELECTRICAL SERVICE UPGRADE	_SIGN
	# of new circutsELECTRICAL SERVICE NEW# of circuts	_STORAGE SHED*
	FENCE*	_STREET BOND
	_ADDITIONS*	SWIMMING POOL*
	FURNACE REPLACEMENT	TEMP ELECTRIC
	FURNACE NEW	WATER TAP
	_LAWN METER	WINDOWS
	PLUMBING	# of windows ZONING
	OTHERS:	
	*	

^{*}PLEASE MAKE A PICTURE ON REVERSE SIDE SHOWING MEASURMENTS FROM EXISTING STRUCTURES AND PROPERTY LINES. INDICATING THE TYPE OF WORK YOU WISH TO PERFORM.

THE CITY OF NAPOLEON BUILDING & ZONING DEPARTMENT 255 W. RIVERVIEW (419)592-4010

Inspection Record	Page: 1
Inspection #: INSP2005-46	Printed: 3/4/2005
Address: 756 Main St. W.	Reference #: MC2005-15
Applicant: Matt Starkey	
Directions To Parcel:	
Inspection Type: Mechania	Date: 3/4/2005
Inspector: Tom Zimmerman	Status: Complete
Passed? 🔲	
Required Steps:	
Comments: Oked furance rep	placement
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Inspection Checklist:	
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Corrections:	
Correction Code:	Date:
Correction Description:	
Status:	Correction Made Date:
Conditions:	
Condition Code:	Description:
Date: D	epartment: Status:
Other Fields:	

		381