

PERMIT NO: 190

DATE ISSUED: 06-20-00

ISSUED BY: BND

JOB LOCATION: 813 W MAIN ST

EST. COST: 7000.00

LOT #:

SUBDIVISION NAME:

OWNER: KRILL, KEN
ADDRESS: 813 W MAIN ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-5234

AGENT: KEVINS PLBG & HTG IN
ADDRESS: 806 STRYKER ST
CSZ: ARCHBOLD, OH 43502
PHONE: 419-445-4715

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: X ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION

FURNACE REPLACE AC ADD ON

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

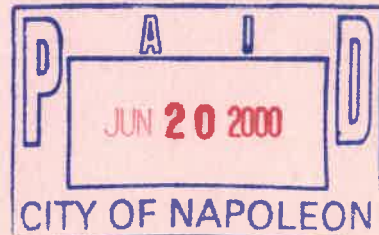
MECHANICAL PERMIT
ELECTRICAL PERMIT

10.00
6.00

TOTAL FEES DUE 16.00

DATE

APPLICANT SIGNATURE



Complete areas marked *

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

*DATE 6-15-00 *JOB LOCATION 813 W. MAIN

LOT # _____ SUBDIVISION NAME _____

*OWNER KEN KRILL *PHONE 592-5234

*OWNER ADDRESS 813 W. MAIN *CITY NAPOLEON ZIP 43545

*CONTRACTOR KEVINS PLUMBING-HEATING *PHONE 445-4715

CONTRACTOR ADDRESS _____ CITY _____ ZIP _____

CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____

*DESCRIPTION OF WORK TO BE PERFORMED: FURNACE / AC

*ESTIMATED COST OF WORK TO BE PERFORMED: \$7000⁰⁰

WORK INFORMATION

CK for \$16⁰⁰

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 Eric J. Burkholder *Date 6-15-00

MAKE CHECK TO INSPECTOR BRENT DAMMON
CITY OF NAPOLEON
Box 151
NAPOLEON, OHIO 43545