

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: 97221

DATE ISSUED: 06-26-97

ISSUED BY: BND

JOB LOCATION: 851 MAPLE ST

EST. COST: 5700.00

LOT #:

SUBDIVISION NAME:

OWNER: BLITZ, JULES
ADDRESS: 851 MAPLE ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-8616

AGENT: EVERDRY WATERPROOFIN
ADDRESS: 7880 W CENTRAL AVE
CSZ: TOLEDO, OH 43617
PHONE: 800-825-6055

USE TYPE - RESIDENTIAL: X

OTHER:

ZONING INFORMATION

DIST: LOT DIM: AREA: FYRD: SYRD: RYRD:
MAX HT: # PKG SPACES: # LOADING SP: MAX LOT COV:

BOARD OF ZONING APPEALS:

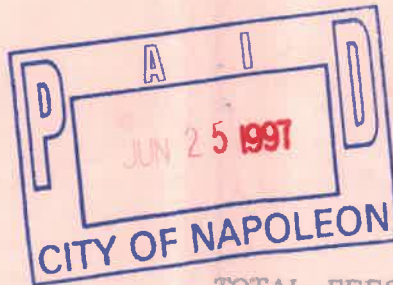
WORK TYPE - NEW: REPLMNT: ADD'N: ALTER: REMODEL: X

WORK INFORMATION

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

WORK DESCRIPTION
BASEMENT WATERPROOFING

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		49.00



TOTAL FEES DUE 49.00

DATE

APPLICANT SIGNATURE

APPLICATION FOR
 Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit
 FROM - The City of Napoleon, Ohio, Building Department
 255 West Riverview Avenue; P.O. Box 151; Napoleon, Ohio 43545 - Telephone (419) 592-4010

ENTRY NO. _____

PERMIT NO. _____ ISSUED _____

JOB LOCATION 851 MAPLE

LOT _____
(Subdivision or Legal Description)

ISSUED BY _____
(Building Official)

OWNER Jules Blitz PHONE 592-8666

ADDRESS 851 MAPLE

AGENT EVER DAY PHONE 419 841-6055

ADDRESS 7880 W. Central Tol 43617

USE: Residential () Commercial () Industrial
() Other _____

WORK: () New () Addition () Replacement Remodel

ESTIMATED COST = \$ 5700

	Base	Plan	Total
<input checked="" type="checkbox"/> Building	\$ 9.00	\$ 40.00	\$ 49.00
() Electrical	\$ _____	\$ _____	\$ _____
() Plumbing	\$ _____	\$ _____	\$ _____
() Mechanical	\$ _____	\$ _____	\$ _____
() Demolition	\$ _____	\$ _____	\$ _____
() Zoning	\$ _____	\$ _____	\$ _____
() Sign	\$ _____	\$ _____	\$ _____
() Water Tap	\$ _____	\$ _____	\$ _____
() Sewer Tap	\$ _____	\$ _____	\$ _____
() Temp Water	\$ _____	\$ _____	\$ _____
() Temp Elec.	\$ _____	\$ _____	\$ _____

Additional Structure _____ Hours _____
 Plan Review: Electric _____ Hours _____

TOTAL FEES	\$ 49.00
Less Fees Paid	\$ _____
BALANCE DUE	\$ 49.00

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard

Max Height	No. Pkg. Spaces	No. Lqg. Spaces	Max Cover	Petition or Appeal Required-Date

WORK INFORMATION

Building: Ground Floor Area _____ sq. ft. Basement Floor Area _____ sq. ft.
 Garage Floor Area _____ sq. ft. 2nd Floor Area _____ sq. ft. Other _____ sq. ft.
 Size: Length _____ Width _____ Stories _____ Height _____
 Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: Basement: Water proofing

x Anthony Valentine