

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: 1229

DATE ISSUED: 07-15-02

ISSUED BY: MRD

JOB LOCATION: 4 MARTHA LN

EST. COST: 1200.00

LOT #:

SUBDIVISION NAME:

OWNER: MANAHAN, TOM
ADDRESS: 4 MARTHA LN
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-7732

AGENT: BARTELS ELECTRIC INC
ADDRESS: 13-414 CO RD S
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-2992

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: X REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION

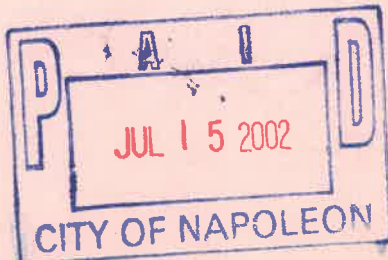
NEW CIRCUITS (7)
UP & DOWN BATH

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
ELECTRICAL PERMIT		21.00

TOTAL FEES DUE 21.00

7-15-02
DATE

[Handwritten Signature]
APPLICANT SIGNATURE



CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 7-15-02 JOB LOCATION 4 MARTHA LN

LOT # _____ SUBDIVISION NAME _____

OWNER TOM MANAHAN PHONE 592-7733

OWNER ADDRESS 4 MARTHA LN CITY NAPOLEON, OH ZIP 43545

CONTRACTOR BARTES ELECTRIC, INC PHONE 599-2992

CONTRACTOR ADDRESS 13-414 COLDS CITY NAPOLEON, OH ZIP 43545

CONTRACTOR FAX # 419 599-2792 CELL PHONE (Opt.) 392-0509

DESCRIPTION OF WORK TO BE PERFORMED: REMODEL UP STAIRS & DN. STAIR BATH.
ADDING 7 CIRCUITS

ESTIMATED COST OF WORK TO BE PERFORMED: _____

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 John Swarzen Date 7-15-02

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1229

DATE ISSUED: 07-15-2002

JOB LOCATION: 4 MARTHA LN

OWNER: MANAHAN, TOM

OWNER PHONE: 419-592-7732

CONTRACTOR: BARTELS ELECTRIC INC

CONTRACTOR PHONE: 419-599-2992

WORK DESCRIPTION: NEW CIRCUITS (7)

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN 8-1-02 FINAL _____

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN 8-1-02 FINAL _____

SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDDT _____

STRUC 8-1-02 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: _____