

PERMIT
 CITY OF NAPOLEON, OHIO - BUILDING DEPARTMENT
 255 West Riverview Avenue, Napoleon, Ohio 43545 - (419) 592-4010

Permit No. <u>3478</u> Issued <u>03/15/95</u>		FEES	BASE	PLUS	TOTAL
Job Location <u>4 Martha Lane</u>	<input type="checkbox"/>	Building	\$	\$	\$
Lot _____	<input type="checkbox"/>	Electrical	\$	\$	\$
Issued by <u>Brent N. Damman</u>	<input type="checkbox"/>	Plumbing	\$	\$	\$
Owner <u>Tom Manahan 592-7732</u>	<input checked="" type="checkbox"/>	Mechanical	\$ <u>5.00</u>	\$	\$ <u>5.00</u>
Address <u>4 Martha Lane</u>	<input type="checkbox"/>	Demolition	\$	\$	\$
Agent <u>Elling Plbg & Htg 598-8991</u>	<input type="checkbox"/>	Zoning	\$	\$	\$
Address <u>T-487 St. Rt. 108</u> <u>Napoleon, OH</u>	<input type="checkbox"/>	Sign	\$	\$	\$
Use Type - Residential <u>X</u>	<input type="checkbox"/>	Water Tap	\$	\$	\$
Other - Describe _____	<input type="checkbox"/>	Sew. Insp.	\$	\$	\$
No. Dwelling Units _____	<input type="checkbox"/>	Sewer Tap	\$	\$	\$
New _____ Replacement <u>X</u>	<input type="checkbox"/>	Temp. Water	\$	\$	\$
Add'n. _____ Alter _____ Remodel _____	<input type="checkbox"/>	Temp. Elec.	\$	\$	\$
Mixed Occupancy _____	TOTAL FEES.....\$ <u>5.00</u>				
Change of Occupancy _____	LESS FEES PAID.....\$ <u>5.00</u>				
Estimated Cost \$ <u>2500.00</u>	BALANCE DUE.....\$ <u>-0-</u>				

ZONING INFORMATION

district	lot dimensions	area	front yd	side yd	rear yd
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr

WORK INFORMATION

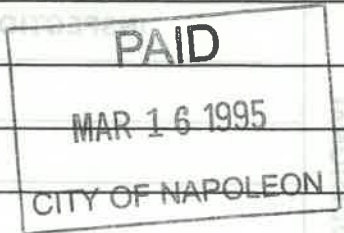
Size: Length _____ Width _____ Stories _____ Ground Floor Area _____
 Height _____ Building Volume (for Demo. Permit) _____

Electrical: _____

Plumbing: _____

Mechanical: New furnace and relocate

Additional Information: _____



Date _____ Applicant Signature Earl H. Elling

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. 3478 ISSUED 3-15-95

JOB LOCATION A Martha Ln.

LOT _____
(Subdivision or Legal Description)

ISSUED BY BND
(Building Official)

OWNER Tom Manaha PHONE 592-772

ADDRESS A Martha Ln.

AGENT Elling P+H PHONE 598-8991

ADDRESS T-487 St. Rt. 108 Napi

USE: Residential Commercial Industrial
 Other _____

WORK: New Addition Replacement Remodel

ESTIMATED COST = \$ 2500.00

	<u>Base</u>	<u>Plus</u>	<u>Total</u>
<input type="checkbox"/> Building	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Electrical	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Plumbing	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Mechanical	\$ <u>500</u>	\$ _____	\$ <u>500</u>
<input type="checkbox"/> Demolition	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Zoning	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Sign	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Water Tap	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Sewer Tap	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp Water	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp Elec.	\$ _____	\$ _____	\$ _____

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

TOTAL FEES \$ 500
Less Fees Paid \$ 500
BALANCE DUE \$ -0-

ZONING INFORMATION

<u>District</u>	<u>Lot Dimensions</u>	<u>Area</u>	<u>Front Yard</u>	<u>Side Yard</u>	<u>Rear Yard</u>

<u>Max Height</u>	<u>No. Pkg. Spaces</u>	<u>No. Ldg. Spaces</u>	<u>Max Cover</u>	<u>Petition or Appeal Required-Date</u>

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: New furnace and relocate

