

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: 719 DATE ISSUED: 07-26-01 ISSUED BY: BND
JOB LOCATION: 7 MARTHA LN EST. COST: 2000.00

LOT #: SUBDIVISION NAME:

OWNER: KUSER, JAMES AGENT: SELF
ADDRESS: 7 MARTHA LN ADDRESS:
CSZ: NAPOLEON, OH 43545 CSZ:
PHONE: 419-592-1551 PHONE:

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: ADD'N: ALTER: REMODEL: X

WORK INFORMATION

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

WORK DESCRIPTION
PORCH CONVERSION
SHOWER ROOM

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		27.00
ELECTRICAL PERMIT		3.00
PLUMBING PERMIT		3.00

TOTAL FEES DUE 33.00

7-26-01

DATE

Jamie Kuser
APPLICANT SIGNATURE



Janie
592-
555

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

X DATE _____ X JOB LOCATION 7 Martha Lane

LOT # _____ SUBDIVISION NAME _____

X OWNER James Kuser X PHONE 419-592-1551

X OWNER ADDRESS 7 Martha Lane X CITY Napoleon ZIP 43545

X CONTRACTOR self X PHONE _____

X CONTRACTOR ADDRESS _____ X CITY _____ ZIP _____

X CONTRACTOR FAX # _____ X CELL PHONE (Opt.) _____

X DESCRIPTION OF WORK TO BE PERFORMED: adding Shower room onto existing porch

X ESTIMATED COST OF WORK TO BE PERFORMED: \$2000 (two walls up + shower in) foundation
adding (1 light fixture, 1 wall switch) normal supply line + drain.

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.

X Applicant Signature James Kuser X Date 7-26-01

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 719

DATE ISSUED: 07-26-2001

JOB LOCATION: 7 MARTHA LN

OWNER: KUSER, JAMES

OWNER PHONE: 419-592-1551

CONTRACTOR: SELF

CONTRACTOR PHONE:

WORK DESCRIPTION: PORCH CONVERSION

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDDT _____

STRUC _____ 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: _____

JAMES HUSER
LOT 4 MAVESTIC HTS HOOD
7 MARTH LANE WRP. OHIO



