

BP08-146

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THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

Building Permit

Permit Number: BP2006-38

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Printed: 4/13/2006

Property Address: 431 Maumee Ave. E.

Applicant

Address: Marty Gross
431 E Maumee Ave
Napoleon, OH 43545

Approval Date: 4/13/2006

Phone: 419-762-5300

Owners

Name: Mr. Marty Gross
431 E Maumee Ave
Napoleon, OH 43545

Phone: 419-762-5300

Contractors

Fees and Receipts:

Number	Description	Amount
FEE2006-284	Building Permit Fee (Auto)	\$19.00
Total Fees:		\$19.00
RCPT2006-120		\$19.00

Description

Structure Use:

Start Date:

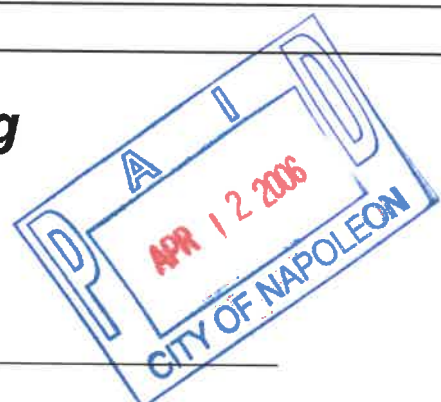
Construction Value: \$5,000.00

End Date:

Floor Areas: Living Space: Basement/Storage: Garage:

Description of work to be done:

remodel, windows, roofing, siding



Applicant signature: _____ Date: _____

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

DATE: 4-13-07 JOB LOCATION: 431 E. MAUMER

OWNER: MARTY GROSS PHONE: 419-7625300

OWNER ADDRESS: 411 E. High ST CITY: NA ZIP: 43545

CONTRACTOR: MARTY GROSS

PHONE #: 7625300 CELL PHONE# _____

CONTRACTOR LICENSED WITH THE CITY OF NAPOLEON?: YES NO:

Is any of the above job going to be subcontracted out? Yes No:

If yes to whom: _____

DESCRIPTION OF WORK TO BE PERFORMED: Remodeling

ESTIMATED COMPLETION DATE: 07

PLEASE MARK THE TYPE OF WORK YOU WILL BE PERFORMING

- | | |
|--|---|
| <input type="checkbox"/> A/C ADD ON | <input checked="" type="checkbox"/> REMODELING |
| <input type="checkbox"/> BOILER REPLACEMENT | <input checked="" type="checkbox"/> ROOFING |
| <input type="checkbox"/> CURBING | <input checked="" type="checkbox"/> SEWER REPAIRS** |
| <input type="checkbox"/> DECKS * | <input type="checkbox"/> SIDEWALK* |
| <input type="checkbox"/> DRIVEWAY* | <input checked="" type="checkbox"/> SIDING |
| <input type="checkbox"/> ELECTRICAL SERVICE UPGRADE | <input type="checkbox"/> STORAGE SHED* |
| <input checked="" type="checkbox"/> ELECTRICAL SERVICE NEW | <input type="checkbox"/> SWIMMING POOL* |
| <input type="checkbox"/> FENCE* | <input type="checkbox"/> FURNACE REPLACEMENT |
| <input type="checkbox"/> ADDITIONS* | <input type="checkbox"/> TEMP ELECTRIC |
| <input type="checkbox"/> FURNACE NEW | <input type="checkbox"/> WATER TAP (size _____") |
| <input type="checkbox"/> LAWN METER | <input checked="" type="checkbox"/> WINDOWS |
| <input checked="" type="checkbox"/> PLUMBING | <input type="checkbox"/> ZONING |

#4400

*PLEASE INCLUDE A PICTURE SHOWING MEASUREMENTS FROM EXISTING STRUCTURES AND PROPERTY LINES. INDICATING THE TYPE OF WORK YOU WISH TO PERFORM.

** IF WORK REQUIRES GOING INTO THE STREET A STREET BOND IS REQUIRED!

FOR PERMIT COSTS PLEASE FILL OUT REVERSE SIDE