

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: 825                      DATE ISSUED: 10-11-01                      ISSUED BY: SKE  
JOB LOCATION: 580 W MAUMEE AVE                      EST. COST: 2500.00

LOT #:    SUBDIVISION NAME:  
OWNER: JOHNSON, SANDY                      AGENT: JIM WESTFALL HTG & A  
ADDRESS: 580 W MAUMEE AVE                      ADDRESS: U269 COUNTY ROAD 8  
CSZ: NAPOLEON, OH 43545                      CSZ: LIBERTY CENTER, OH 435  
PHONE: 419-599-1175                      PHONE: 419-533-3536

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: X                      ADD'N:                      ALTER:                      REMODEL:

WORK INFORMATION

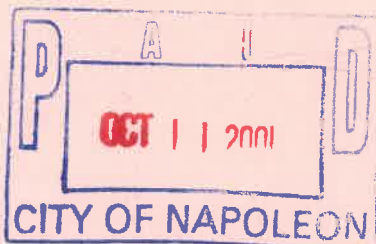
SIZE - LGTH:                      WIDTH:                      STORIES:                      LIVING AREA SF:  
GARAGE AREA SF:                      HEIGHT:                      BLDG VOL DEMO PERMIT:

WORK DESCRIPTION  
FURNACE REPL

FEE DESCRIPTION                      PAID DATE                      FEE AMOUNT DUE

MECHANICAL PERMIT

5.00



TOTAL FEES DUE

5.00

-----  
DATE

-----  
APPLICANT SIGNATURE

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 825

DATE ISSUED: 10-11-2001

JOB LOCATION: 580 W MAUMEE AVE

OWNER: JOHNSON, SANDY

OWNER PHONE: 419-599-1175

CONTRACTOR: JIM WESTFALL HTG & A/C

CONTRACTOR PHONE: 419-533-3536

WORK DESCRIPTION: FURNACE REPL

PLUMBING:      UNDGR \_\_\_\_\_      RGHIN \_\_\_\_\_      FINAL \_\_\_\_\_

                  SEWER INSP \_\_\_\_\_

MECHANICAL:    UNDGR \_\_\_\_\_      RGHIN \_\_\_\_\_      FINAL \_\_\_\_\_

                  FURNACE REPLC \_\_\_\_\_      AIR COND \_\_\_\_\_

ELECTRICAL:    UNDGR \_\_\_\_\_      RGHIN \_\_\_\_\_      FINAL \_\_\_\_\_

                  SERV UPGR \_\_\_\_\_

BUILDING:      SITE \_\_\_\_\_      FTG \_\_\_\_\_      FNDT \_\_\_\_\_

                  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: \_\_\_\_\_

# CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

\* DATE 10/9/01 \* JOB LOCATION ~~580~~ 580 W. Maumee

LOT # \_\_\_\_\_ SUBDIVISION NAME \_\_\_\_\_

\* OWNER Sandy Johnson PHONE 599-1175

\* OWNER ADDRESS 580 W. Maumee CITY Napoleon ZIP 43545

\* CONTRACTOR Jim Westfall H&M PHONE 533-3536

\* CONTRACTOR ADDRESS 11269 County Rd 8 CITY Liberty Ctr ZIP 43532

CONTRACTOR FAX # 533-3536 CELL PHONE (Opt.) \_\_\_\_\_

\* DESCRIPTION OF WORK TO BE PERFORMED: Replace furnace

\* ESTIMATED COST OF WORK TO BE PERFORMED: \$ 2500

### 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 Rebecca [Signature] \* Date 10/9/01

Please complete areas marked \*