2 10 NT 14-0000 (CIRC

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL & REMODELING

DATE 2/2/12	JOB LOCATION	Cell W	MAI	1115	£ / (Jacu_UNI_37
OWNER 415A	A. PLASS					" 0" 173 000
OWNER ADDRESS	905 BULDEN	. 0	ane @	TELE	PHONE	#214-673-077.
CONTRACTOR	hris Ashb	awah		CELL	PHONE	#214-673-077250
DESCRIPTION OF V	VORK TO BE PERFOR	RMED		CEDI	THORE	#_214-415-0112-
ESTIMATED COMP		y 1st 201		TED COST		
Affected Floor Area (AF, only the room and not all t	 A): In existing structures, it he rooms). 	is the area affected by	the improvement,	i.e. a new wa	ll dividing	g a room (the AFA would be
DESCRIPTION				FI	0)0	TOTAL COST
BUILDING:						
Decks				\$2	25.00	\$
Addition & Alterati	ions Square foot in (AFA	A) x \$0.05	= \$	+ \$2:	5.00 =	\$
Garage and Shed o	over 200 SF (Detached)			\$2	25.00	\$
Siding and/or Roof	fing			\$2	5.00	\$ 2< 00
Windows/Doors				\$2	5.00	\$
ELECTRICAL:						-
Electrical	Circuits in (AFA)	x \$3.00/Circuit	= \$	+ \$2:	5.00 =	\$
Electrical Service U	Jpgrade					\$ 2500
MECHANICAL:						• 00
Water Heater				\$2:	5.00	\$
Furnace and/or AC	Replacement					\$
PLUMBING:				<u> </u>	2.00	Ψ
Plumbing	Traps in (AFA)	x \$3.00/Trap =	- \$	+ \$25	5.00 =	\$
	TO	ΓAL plus <i>Ohio Boar</i>	d of Building St	tandards Fed	e 1%	50
I FULLY UNDERSTAND THAT	NO EVCAVATION CONCERN			TOTAL	FEE:	50 50
I FULLY UNDERSTAND THAT ALTERATION OF ANY BUILDI PERMIT APPLIED FOR HEREI	NG STRUCTURE, SIGN, OR PA N HAS BEEN APPROVED AND	TION OR STRUCTURAL RT THEREOF AND NO USESSIED BY THE CUTY OF	ALTERATION, ELE SE OF THE ABOVE	CTRICAL OR	MECHANIC	CAL INSTALLATION OR OR PERFORMED UNTIL THE
I hereby certify that I am the Owner application as his/her authorized ag the code official or the code official', applicable to such permit.	of the named property, or that the p ent and I agree to conform to all ap s authorized representative shall ha	proposed work is authorized by plicable laws of the jurisdiction we the authority to enter areas	v the Owner of record a m. In addition, if a pern s covered by such permi	and that I have bee mit for Work desc it at any reasonab	PEPAKIMI en authorized ribed in this ele hour to en	ENT. I by the Owner to make this application is issued, I certify that tforce the provisions of the code(s)
I HEREBY ACKNOWLEDG	E THAT THAVE READ AND	FULLY UNDERSTAN	D THE ABOVE LI	STED INSTR	UCTIONS	
SIGNATURE OF APPLICANT	fin hell	C			2 ~ /	
PRINT NAME: Ckris	Ashbargh		DAT	ie: — 6	/	
PERMIT #	витсн	# 25764 c	CHECK# Cas	h na	TE 2	-2-12
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