

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: 179 DATE ISSUED: 06-15-00 ISSUED BY: BND
JOB LOCATION: 132 MEEKISON ST EST. COST: 1966.00

LOT #: SUBDIVISION NAME:

OWNER: KUSER, BECKY AGENT: DAMMAN PLBG & HTG
ADDRESS: 132 MEEKISON ST ADDRESS: N-033 CO RD 17D
CSZ: NAPOLEON, OH 43545 CSZ: OKOLONA, OH 43550
PHONE: 419-592-7765 PHONE: 419-758-3116

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: X ALTER: REMODEL:

WORK INFORMATION

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

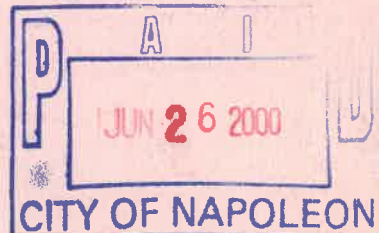
WORK DESCRIPTION
A/C ADD ON

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
MECHANICAL PERMIT		5.00
ELECTRICAL PERMIT		6.00

TOTAL FEES DUE 11.00

DATE

APPLICANT SIGNATURE



Please complete this form for each job.

Fill areas marked *

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

* DATE 4/14/2000 * JOB LOCATION Becky Kuser

LOT # _____ SUBDIVISION NAME _____

* OWNER 132 Meekison * PHONE 592-7765

* OWNER ADDRESS 132 Meekison * CITY _____ * ZIP _____

* CONTRACTOR Damman Plbg, Htg & AC * PHONE 758-3116

* CONTRACTOR ADDRESS N-033 Co Rd 1740 * CITY 0 Kolona ZIP 43550

CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____

* DESCRIPTION OF WORK TO BE PERFORMED: Add ALC

* ESTIMATED COST OF WORK TO BE PERFORMED: \$ 1,966.00

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 _____ FR5B _____ SY5B _____ RYSB _____ Max Ht _____ ft Max Cov _____ %

I by signing below agree to comply with all applicable City of Napoleon Code & 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 department of the City of Napoleon.

* Applicant Signature Jessica M. Kuser Date 4/14/2000