

NO FEE

PERMIT

Permit No. 007 Issued 5-3-78
date
Job Location 321 MEEKISON ST.
address
Lot N/A
sub-div or legal discript
Issued By R. D. Sonnenberg
Asst. building official
Owner GERTRUDE SCHUETTE
name tel.
Address 321 MEEKISON ST.
Agent SELF 592-5229
builder-eng.-etc. tel.
Address SAME
Description of Use DEMOLISH 16'x8'
ACCESSORY BLDG.
Residential (1)
no. dwelling units
Commercial _____ Industrial _____
New _____ Add'n. _____ Alter _____ Remodel _____

**BUILDING
ELECTRICAL
PLUMBING
MECHANICAL
DEMOLITION
ZONING
SIGN**

CITY OF NAPOLEON

Building Department

P. O. Box 151 - 255 West Riverview Avenue

Napoleon, Ohio 43545

419-592-4010

THIS CARD MUST BE DISPLAYED ON THE STREET SIDE OF THE BUILDING

CITY OF NAPOLEON
BUILDING INSPECTION DEPARTMENT
APPLICATION FOR CONSTRUCTION PERMIT
(PLEASE PRINT OR TYPE)

The undersigned hereby makes application for the construction, installation replacement or alteration as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's Building Code for 1, 2 and 3 Family Buildings.

Owner's Name Gertrude J. Schutte Address 321 Madison
Builder's Name Self Address Napoleon Tel. 592-522

LOT INFORMATION: (Not required for roofing or siding job.)

Location of Project _____ Lot # _____
Subdivision _____ Lot Area _____ Sq. Ft. _____
Yard Setback: Front _____ Rear _____ Left Side _____
Right Side _____ Zoning District _____

BUILDING INFORMATION:

Single _____ Double _____ Multiple _____ New Construction _____
Addition _____ Remodel _____ Attached Garage _____
Detached Garage _____ Accessory Building Replacement _____

Brief Description of Work: Demolition

Size: Length 16' Width 8' No. of Stories 1
Floor Area: 1st Floor _____ Sq. Ft. 2nd Floor _____ Sq. Ft.
3rd Floor _____ Sq. Ft. Basement _____ Sq. Ft.
Unfinished Attic _____ Garage _____
Foundation: Piers _____ Full Basement _____ Part Basement _____
Concrete _____ Thickness _____ Block _____ Size _____
Walls: Frame _____ Block _____ Brick _____ Other _____
Specific Type of Exterior Siding _____

APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING: ELEVATIONS, FLOOR PLANS, CROSS SECTIONS AND PLOT PLAN. IF ADDITIONS OR REMODELING, SHOW ALL EXISTING STRUCTURE AND THEIR SIZE AND LOCATION. ALL PLANS SHALL BE DRAWN TO SCALE.

ESTIMATED COST OF COMPLETED PROJECT: _____
DATE May 3 / 1978 APPLICANT'S SIGNATURE Gertrude J. Schutte
OWNER-BUILDER-AGENT