THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

Mechanical Permit

Permit Number: MC2005-96

Page 1 of 1

Printed: 12/20/2005

Property Address: 403 Meekinson St.

Applicant Address:

Minnick Heating & A/C

71 Oak Dr.

Napoleon, OH 43545

Approval Date: 12/20/2005

Phone: 419-592-4561

Owners

Name: Mr. Tracy

Mr. Tracy Ekstrand 403 Meekison St

Napoleon, OH 43545

Phone:

419-592-6335

Contractors

Minnick Heating & A/C

Address:

71 Oak Dr.

Napoleon, OH 43545

Phone 419-592-4561

Fees and Receipts:

Number

FEE2005-905

Description

replacing a/c or furnace

Amount

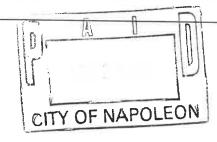
\$5.00

Total Fees:

\$5.00

Description of work to be done:

Replacing furnace



pplicant signature: from flow

Date: 12 - 20 - 05

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

DATE: 12-24-05 JOB LOCATION: 403 Meet	Klason ST.
OWNER: TRACY FYSTRUND PHONE: OWNER ADDRESS: 403 MERKINON ST	
CONTRACTOR: / / / / / / / / / / / / / / / CONTRACTOR LICENSED WITH THE CITY OF NAPOLEON?:	PHONE: 592 -456/
Is any of this job going to be subcontracted out? Yes: If yes to whom:	
DESCRIPTION OF WORK TO BE PERFORMED:REPLACE EXISTINA	FURNACE.
PLEASE MARK THE TYPE OF WORK YOUA/C ADD ONBOILER REPLACEMENT	U WILL BE PERFORMINGREMODELINGROOFING
CURBINGDECKS *DRIVEWAY*	_SEWER REPAIRS** _SIDEWALK* _SIDING
ELECTRICAL SERVICE UPGRADE ELECTRICAL SERVICE NEW FENCE*	_STORAGE SHED* _SWIMMING POOL* _FURNACE REPLACEMENT
ADDITIONS* FURNACE NEWLAWN METER	TEMP ELECTRIC WATER TAP (size")
PLUMBING	WINDOWS ZONING

*PLEASE INCLUDE A PICTURE SHOWING MEASURMENTS 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.

City of Napoleon

BUILDING & ZONING DEPARTMENT

255 W Riverview

(419)592-4010



Inspection Record	Page: 1
Inspection #: INSP2005-46	Printed: 12/22/2005
Address: 403 Meekinson S	
Napoleon, OH 43	
Applicant: Mr. Tracy Ekstrar	nd
Directions To Parcel:	
Inspection Type: Mechani	
inspector: Tom	Status: Complete
Passed? ☑	
Required Steps:	
Comments:	
Inspection Checklist:	
	亩
	$\overline{\sqcap}$
	ñ
	_
Corrections:	
Correction Code:	Date:
Correction Description:	
Status:	Correction Made Date:
Conditions:	
Condition Code:	Description:
Date:	Department: Status:
Other Fields:	