

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: 98083

DATE ISSUED: 04-06-98

ISSUED BY: BND

JOB LOCATION: 1127 MICHIGAN AVE

EST. COST: 500.00

LOT #:

SUBDIVISION NAME:

OWNER: FRUTH, BOB  
ADDRESS: 1127 MICHIGAN AVE  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-7500

AGENT: SELF  
ADDRESS:  
CSZ:  
PHONE:

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: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION

FENCE SIDE & REAR YARD

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

BUILDING PERMIT

9.00

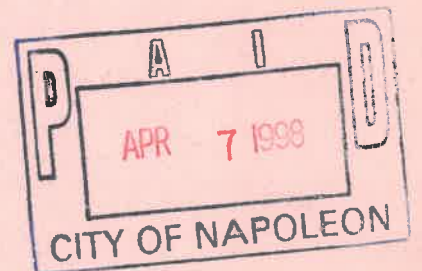
TOTAL FEES DUE

9.00

4/6/98

DATE

*Robert Fruth*  
APPLICANT SIGNATURE



CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 98083

DATE ISSUED: 04-06-98

JOB LOCATION: 1127 MICHIGAN AVE

OWNER: FRUTH, BOB

OWNER PHONE: 419-592-7500

CONTRACTOR: SELF

CONTRACTOR PHONE:

WORK DESCRIPTION: FENCE SIDE & REAR YARD

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

          SEWER INSP \_\_\_\_\_

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

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

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

          SERV UPGR \_\_\_\_\_

BUILDING:    SITE \_\_\_\_\_    FTG \_\_\_\_\_    FNDDT \_\_\_\_\_

          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: \_\_\_\_\_