

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: 99221

DATE ISSUED: 06-30-99

ISSUED BY: BND

JOB LOCATION: 1127 MICHIGAN AVE

EST. COST: 7634.00

LOT #:

SUBDIVISION NAME:

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

AGENT: TRIM A HOME INC
ADDRESS: 212 MARCIAL DR
CSZ: FORT WAYNE, IN 46825
PHONE: 219-471-5210

USE TYPE - RESIDENTIAL:

OTHER:

ZONING INFORMATION

DIST: LOT DIM:
MAX HT: # PKG SPACES:

AREA: # LOADING SP:
FYRD: SYRD: KYRD:
MAX LOT COV:

BOARD OF ZONING APPEALS:

WORK TYPE - NEW: REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

SIZE - LGTH: WIDTH: HEIGHT:
GARAGE AREA SF:

STORIES: LIVING AREA SF:
BLDG VOL DEMO PERMIT:

WORK DESCRIPTION
PATIO ENCLOSURE 11X12

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

BUILDING PERMIT

53.00

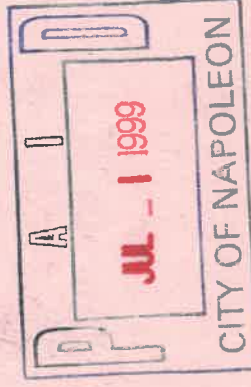
TOTAL FEES DUE

53.00

6-30-99

DATE

APPLICANT SIGNATURE



CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 6/14/99 JOB LOCATION 1427 MICHIGAN

LOT # _____ SUBDIVISION NAME _____

OWNER ROBERT FRUTH PHONE 419-592-7500

OWNER ADDRESS 1127 MICHIGAN CITY NAPOLEON OHIO ZIP 43545

CONTRACTOR TRIM-A-HOME, INC. PHONE 219-471-5210

CONTRACTOR ADDRESS 212 MARCIEL DR. CITY FT. WAYNE, IN. ZIP 46825

CONTRACTOR FAX # 219-471-5540 CELL PHONE (Opt.) 0

DESCRIPTION OF WORK TO BE PERFORMED: 11X12 PATIO ENCLOSURE, AND SHEETING PRESENT DECK.

ESTIMATED COST OF WORK TO BE PERFORMED: 7634.00

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 11 Width 12 Stones _____ Height _____ DEMO VOL _____

Masonry Contractor _____ Phone _____ St _____ City _____ Zip _____ Fax _____

Electrical Contractor _____ Phone _____ St _____ City _____ Zip _____ Fax _____

Plumbing Contractor _____ Phone _____ St _____ City _____ Zip _____ Fax _____

Heating Contractor _____ Phone _____ St _____ City _____ Zip _____ Fax _____

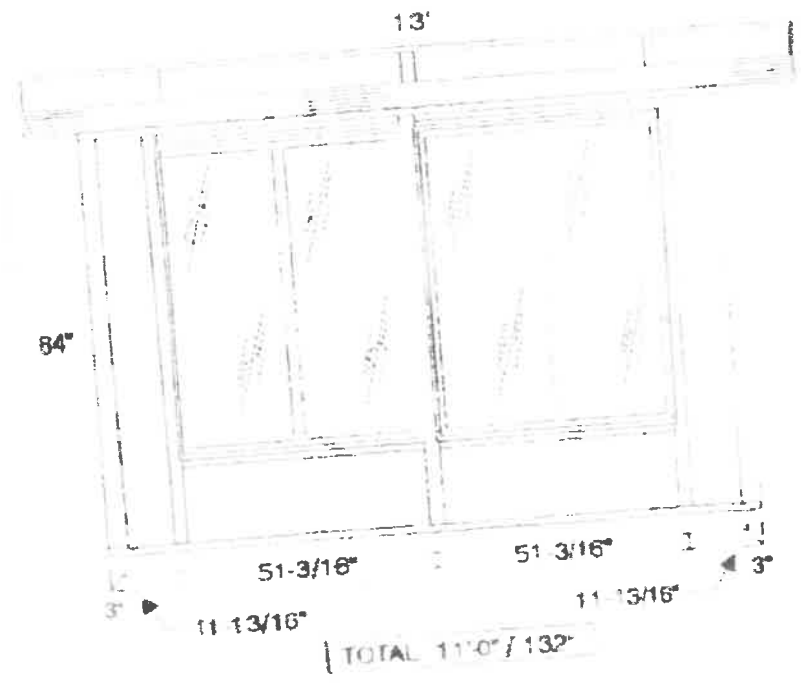
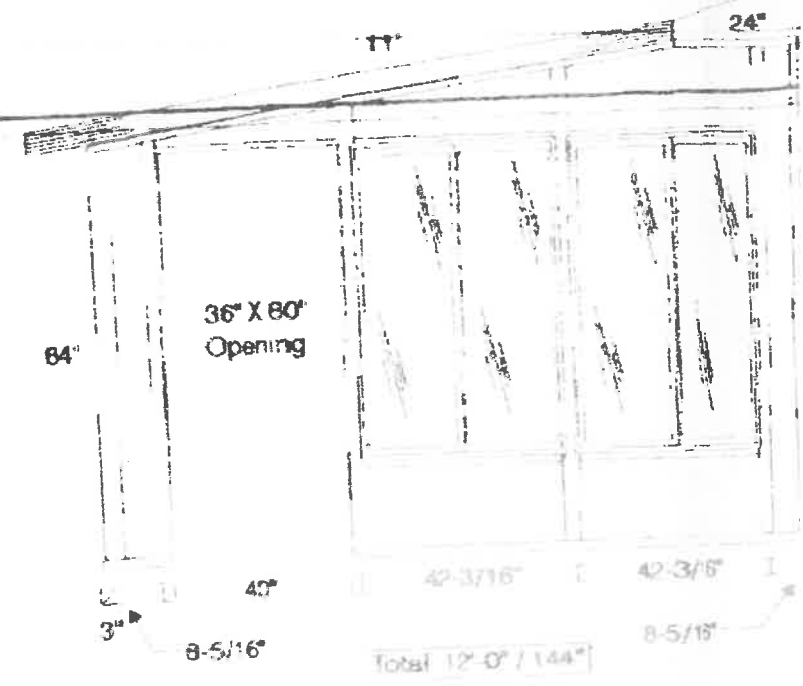
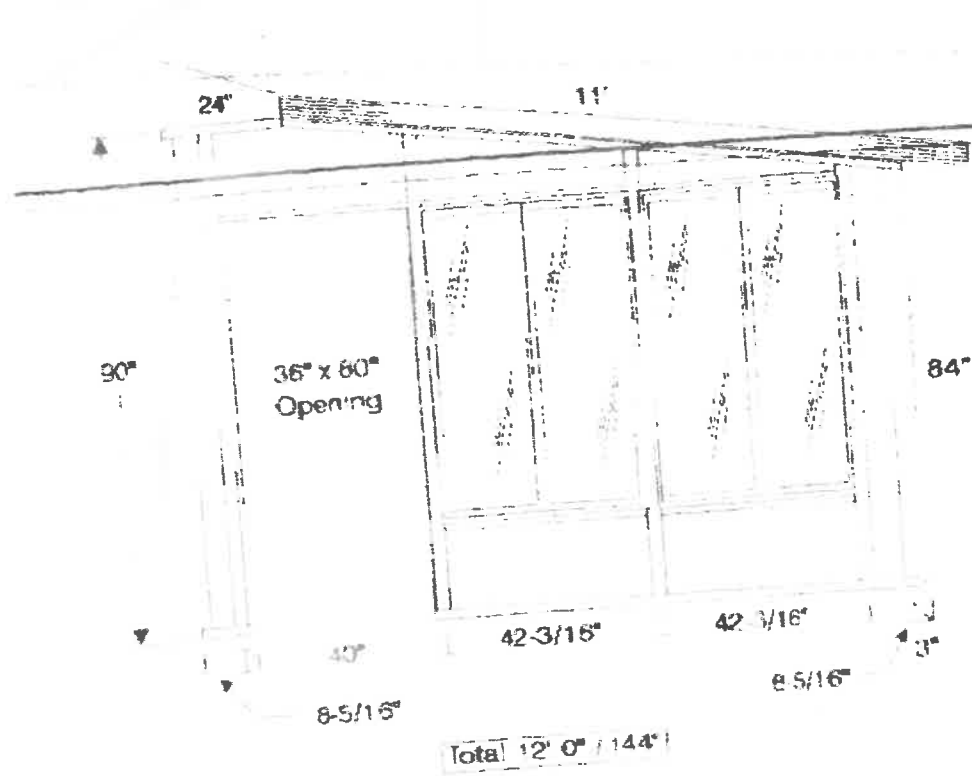
Insulation Contractor _____ Phone _____ St _____ City _____ Zip _____ Fax _____

Other Contractor attach information.

ZONING INFORMATION (to be completed by City): District _____ Lot Dimensions _____ ft Max Cov _____ %
Lot Area _____ FRSB _____ SYSB _____ RYSB _____

I, by signing below agree to comply with all applicable City of Napoleon Codes. I understand that all work for which a permit is issued is required to be approved by the building inspector of the City of Napoleon.

Applicant Signature Jerry Starwood Date 6-15-99



TRIM A - HOME
 Full View Enclosure
 Size - 12' x 11' x 12'
 Extrusion - White
 Panels - White
 Glass - Standard Tempered
 All Season Patio Cover
 Size - 11' x 13'
 Color - White
 M/F Fruth 6/8/99

This Enclosure has been laid out

TRIM-A-HOME INC.



An Enclosure combines delightful surroundings and a peaceful setting, so you can enjoy quality time for years to come.



***YOUR HOME !
YOUR DESIGN !
YOUR ENCLOSURE !***

TRIM-A-HOME INC.

212 Marciel, Ft. Wayne Ind. 46825

**Give us a call for a "FREE ESTIMATE"
(219) 471-5210 Toll Free (800) 254-7631**

6-14-1999 10:18AM

FROM CITY OF NAPOLEON 419 599 8393

P. 5

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 6/14/99 JOB LOCATION 1027: MICHIGAN

LOT # _____ SUBDIVISION NAME _____

OWNER ROBERT FRUTH PHONE 419-592-7500

OWNER ADDRESS 1127 MICHIGAN CITY NAPOLEON OHIO ZIP 43545

CONTRACTOR TRIM-A-HOME, INC. PHONE 219-471-5210

CONTRACTOR ADDRESS 212 MARCIEL DR. CITY FT. WAYNE, IN. ZIP 46825

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Masonry Contractor _____ Phone _____ St _____ Fax _____ Zip _____

Electrical Contractor _____ Phone _____ St _____ Fax _____ Zip _____

Plumbing Contractor _____ Phone _____ St _____ Fax _____ Zip _____

Heating Contractor _____ Phone _____ St _____ Fax _____ Zip _____

Insulation Contractor _____ Phone _____ St _____ Fax _____ Zip _____

Other Contractor attach information.

ZONING INFORMATION (to be completed by City): District _____ Lot Dimensions _____

Lot Area _____ FRSB _____ SYSB _____ RYSB _____ Max Ht _____ Max Cov _____ %

I hereby certify that the contractor who is responsible for all work for which a permit is applied to be approved by the building inspector of the City of Napoleon.

Applicant Signature Jerry Starwood Date 6-15-99

6-14-1999 10:16AM FROM CITY OF NAPOLEON 419 599 8393

79019

City of Napoleon Contractor Registration Form

Name of Company TRIM-A-HOME, INC. Date 6/14/99

Business address 212 MARCIEL DR. FORT WAYNE, IN., 46825

Telephone Number 219-471-5210 Fax Number 219-471-5540

Name of Insurance Agency MONROE GUARANTY INS. C/O BANK ONE P.O. BOX 663662 INDY 46266

Address _____ STATE _____ CITY _____ ZIP _____

Telephone Number _____ Fax Number _____

Type of Contractor, check all types of work you usually perform.

Commercial _____ Residential X

General X Home Builder X Remodeling X Cabinet Maker _____ Masonry _____

Concrete X Roofing X Siding/windows/gutters X Electrical _____ Plumbing _____

Sewer repair/Cleaning _____ Heating _____ Air Conditioning _____ Refrigeration _____ Painting _____

Sign _____ Pole Barns _____ Lawn Sprinkler _____ Landscaping _____ Tree Trimming _____

How many years of experience do you have doing the type of work as indicated above 20 YRS.

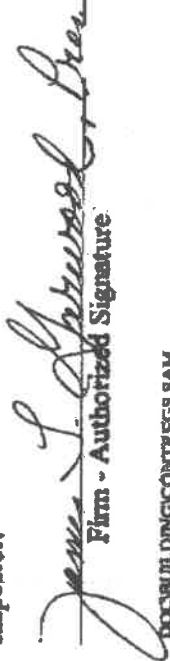
How long has your company been in business? 14 YRS. How long has it been under current ownership? 14 YRS.

Do you have employees Y N X If yes please provide a copy of your workers comp certificate.

If this is the first time you have done business in the City of Napoleon, please attach a list of completed jobs in the area with the name and phone number of the owner or person you worked for.

If the information on this form is found to be satisfactory a contractor license will be issued. Contractor licenses are valid for one calendar year at a cost of \$25.00.

This form not valid unless it is sign by an authorized person of the firm listed above and by the Building Inspector.



Firm - Authorized Signature _____
City of Napoleon Building Inspector