## CITY OF NAPOLEON GENERAL PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL & REMODELING BP2010 - 109

DATE 12-6-10 JOB LOCATION 844 MONLOE ST
OWNER Shinley HALRIS TELEPHONE #_
OWNER ADDRESS
CONTRACTOR JEBUILDING CELL PHONE # 419-579-4923
DESCRIPTION OF WORK TO BE PERFORMED Soff, # 4 Facia-
ESTIMATED COMPLETION DATE 700-10 ESTIMATED COST 700-00
Affected Floor Area (AFA): In existing structures, it is the area affected by the improvement, i.e. a new wall dividing a room (the AFA would be only the room and not all the rooms).
DESCRIPTION FEE TOTAL COST
Addition & Alterations Square foot in (AFA) x \$0.05 = \$ + \$25.00 = \$
Electrical Circuits in (AFA) $x $3.00/Circuit = $$ + $$25.00 = $$
<b>Plumbing</b> Traps in (AFA) $x $3.00/\text{Trap} = $ + $25.00 = $$
Siding and/or Roofing \$25.00 \$
Windows/Doors \$25.00 \$
Decks \$25.00 \$
Garage and Shed over 200 SF (Detached) \$25.00 \$
Electrical Service Upgrade \$25.00 \$
Water Heater \$25.00 \$
Furnace and/or AC Replacement
\$25.00 \$
MBP (100.3100.46510) Subtotal: \$
(100.0000.42700) PLUS Ohio Board of Building Standards Fee + 1% \$
I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON BUILDING/ZONING DEPARTMENT.
I hereby certify that I am the Owner of the named property, or that the proposed work is authorized by the Owner of record and that I have been authorized by the Owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for Work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s)
I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.
SIGNATURE OF APPLICANT: DATE: 12-6-10
PRINT NAME: LEMY L. YONGES
BATCH # CHECK # 29/ DATE 12-4-10