

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 7/20/99 JOB LOCATION 115 Northeast

LOT # _____ SUBDIVISION NAME _____

OWNER Christina Wallace PHONE 592-7830

OWNER ADDRESS SAME CITY Napoleon ZIP 43545

CONTRACTOR Tri-County Roofing PHONE 399-3964

CONTRACTOR ADDRESS 13771 CR 1162 CITY Paulding ZIP 45879

CONTRACTOR FAX # 399-9662 CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: rehab - roof, windows, doors, electrical

ESTIMATED COST OF WORK TO BE PERFORMED: 9800-

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 _____ Width _____ Stories _____ Height _____ DEMO VOL _____

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

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

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

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

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

Other Contractor attach information.

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

I by signing below agree to comply with all applicable City of Napoleon Code(s). 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 Ronda [Signature] Date 7/20/99