

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: 1351 DATE ISSUED: 09-30-02 ISSUED BY: MRD
JOB LOCATION: 130 NORTHCREST CIR EST. COST: 3280.00

LOT #: SUBDIVISION NAME:
OWNER: TOVAR, THOMAS AGENT: BOBS ELECTRIC & PLUM
ADDRESS: 130 NORTHCREST CIR ADDRESS: 304 RAILWAY AVE
CSZ: NAPOLEON, OH 43545 CSZ: HOLGATE, OH 43527
PHONE: 419-599-0753 PHONE: 419-264-2861

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:

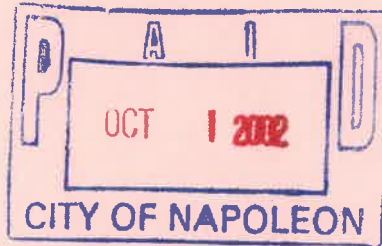
WORK TYPE - NEW: REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION
REPLACE FURNACE & AC

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
MECHANICAL PERMIT		5.00



TOTAL FEES DUE 5.00

Robert Westrich

DATE

APPLICANT SIGNATURE

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1351

DATE ISSUED: 09-30-2002

JOB LOCATION: 130 NORTHCREST CIR

OWNER: TOVAR, THOMAS

OWNER PHONE: 419-599-0753

CONTRACTOR: BOBS ELECTRIC & PLUMBING INC

CONTRACTOR PHONE: 419-264-2861

WORK DESCRIPTION: REPLACE FURNACE & AC

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: _____

CITY OF NAPOLEON OHIO PERMIT APPLIC

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

STARTING
THIS MORNING
9:30am

DATE 9-30-02 JOB LOCATION 130 NORTHCREST CIRCLE

LOT # _____ SUBDIVISION NAME _____

OWNER THOMAS TONAR PHONE _____

OWNER ADDRESS 130 NORTHCREST CIRCLE CITY NAPOLEON ZIP _____

CONTRACTOR BOB'S ELECTRIC & PLUMBING PHONE _____

CONTRACTOR ADDRESS _____ CITY _____ ZIP _____

CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: REPLACE FURNACE ~~AND~~ Replace A/C

ESTIMATED COST OF WORK TO BE PERFORMED: \$ 3280.00

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 _____ 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 Codes & Ordinances while performing the work herein described. 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 _____ Date _____