

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: 99464

DATE ISSUED: 01-19-00

ISSUED BY: BND

JOB LOCATION: 605 NORTON AVE

EST. COST: 4800.00

LOT #:

SUBDIVISION NAME:

OWNER: HENRY CO RESIDENTIAL SERV
ADDRESS: 115 NORTHCREST DR
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-2892

AGENT: VONDEYLEN PLEG & HTG
ADDRESS: 116 E CLINTON ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-4756

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

FURNACE REPLACE ADD ON A/C

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

MECHANICAL PERMIT
ELECTRICAL PERMIT

10.00
6.00

TOTAL FEES DUE

16.00

DATE

APPLICANT SIGNATURE



APPLICATION FOR

Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit

FROM - The City of Napoleon, Ohio, Building Department

255 West Riverview Avenue; P.O. Box 151; Napoleon, Ohio 43545 - Telephone (419) 592-4010

ENTRY NO. _____

PERMIT NO. _____ ISSUED _____

JOB LOCATION 605 Norton

LOT _____
(Subdivision or Legal Description)

ISSUED BY _____
(Building Official)

OWNER Hope Services PHONE 599-2892

ADDRESS 115 Northcrest Drive

AGENT Van Deylen Pratt PHONE 592-4756

ADDRESS 116 E. Clinton Napoleon

USE: Residential () Commercial () Industrial
() Other _____

WORK: () New () Addition Replacement () Remodel

ESTIMATED COST = \$ 4800⁰⁰

		<u>Base</u>	<u>Plus</u>	<u>Total</u>
() Building	\$ _____	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Electrical	\$ _____	\$ <u>6.00</u>	\$ <u>6.00</u>	\$ _____
() Plumbing	\$ _____	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Mechanical	\$ <u>5.00</u>	\$ <u>5.00</u>	\$ <u>10.00</u>	\$ _____
() Demolition	\$ _____	\$ _____	\$ _____	\$ _____
() Zoning	\$ _____	\$ _____	\$ _____	\$ _____
() Sign	\$ _____	\$ _____	\$ _____	\$ _____
() Water Tap	\$ _____	\$ _____	\$ _____	\$ _____
() Sewer Tap	\$ _____	\$ _____	\$ _____	\$ _____
() Temp Water	\$ _____	\$ _____	\$ _____	\$ _____
() Temp Elec.	\$ _____	\$ _____	\$ _____	\$ _____

Additional Structure _____ Hours _____
Plan Review: Electric _____ Hours _____

TOTAL FEES \$ 16.00
Less Fees Paid \$ 16.00
BALANCE DUE \$ _____

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard

Max Height	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required-Date

WORK INFORMATION

Building: Ground Floor Area _____ sq. ft. Basement Floor Area _____ sq. ft.

Garage Floor Area _____ sq. ft. 2nd Floor Area _____ sq. ft. Other _____ sq. ft.

Size: Length _____ Width _____ Stories _____ Height _____

Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: Install furnace, A/C, & ductwork