

THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

Building Permit

Permit Number: BP2007-12

Page 1 of 1

Printed: 2/7/2007

ADDRESS:

614 Norton Ave.

Applicant

Name: John Holyer
Address: 618 S Perry St

Approval Date:

419-592-0126

Owners

Name: Mr. John Holyer
Address: 618 S Perry St
Napoleon, OH 43545

Phone: 419-592-0126
Cellular: 419-784-6983

Contractors

Contractor Type: GENERAL CONTRACTOR

Name: Gerken Construction

Napoleon, OH 43545

Address: V-138 St Rt 108

Phone: 419-598-8941

Fees and Receipts:

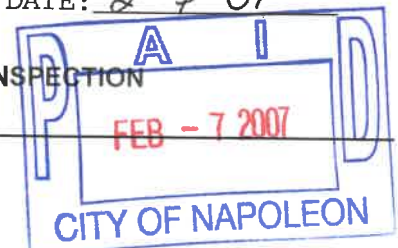
Number	Description	Amount
FEE2007-112	Building Permit Fee (Auto)	\$20.00
Total Fees:		\$20.00
RCPT2007-107		\$20.00
Total Receipts:		\$20.00

repair one basement wall

APPLICANTS SIGNATURE: _____

DATE: 2-7-07

REMINDER: YOU MUST CALL (419)592-4010 FOR AN INSPECTION



**THE CITY OF NAPOLEON
BUILDING & ZONING DEPARTMENT
255 W. RIVERVIEW
(419)592-4010**



Inspections

Page 1 of 1

Address: 614 Norton Ave.
Napoleon, OH 43545

Printed: 3/26/2007

Applicant: John Holyer

Permit Number: BP2007-12

Inspection Date: 3/22/2007

Inspector: Tom

Inspection Number: INSP2007-72

Status: Approved

Inspection Type: Footer

Passed?

Required Steps:

Comments: oked existing footer for new replacement wall

Inspection Date: 3/26/2007

Inspector: Tom

Inspection Number: INSP2007-73

Status: Complete

Inspection Type: Building Final

Passed?

Required Steps:

Comments:

Other Fields:

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMOLITIONS, REMODELING.

DATE: 2-7-07 JOB LOCATION: 614 Norton Ave.

OWNER: John Holyer PHONE: 419-592-0120 [784-6983 cell]

OWNER ADDRESS: 618 S. Perry St. CITY: Napoleon ZIP: 43545

CONTRACTOR: Dennis Gerken

PHONE #: _____ CELL PHONE# 419-783-8399

CONTRACTOR LICENSED WITH THE CITY OF NAPOLEON?: YES NO:

Is any of the above job going to be subcontracted out? Yes No:

If yes to whom: _____

DESCRIPTION OF WORK TO BE PERFORMED:

Repair one wall in basement

ESTIMATED COMPLETION DATE: 3-1-07

PLEASE MARK THE TYPE OF WORK YOU WILL BE PERFORMING

- | | |
|---|--|
| <input type="checkbox"/> A/C ADD ON | <input type="checkbox"/> REMODELING |
| <input type="checkbox"/> BOILER REPLACEMENT | <input type="checkbox"/> ROOFING |
| <input type="checkbox"/> CURBING | <input type="checkbox"/> SEWER REPAIRS** |
| <input type="checkbox"/> DECKS * | <input type="checkbox"/> SIDEWALK* |
| <input type="checkbox"/> DRIVEWAY* | <input type="checkbox"/> SIDING |
| <input type="checkbox"/> ELECTRICAL SERVICE UPGRADE | <input type="checkbox"/> STORAGE SHED* |
| <input type="checkbox"/> ELECTRICAL SERVICE NEW | <input type="checkbox"/> SWIMMING POOL* |
| <input type="checkbox"/> FENCE* | <input type="checkbox"/> FURNACE REPLACEMENT |
| <input type="checkbox"/> ADDITIONS* | <input type="checkbox"/> TEMP ELECTRIC |
| <input type="checkbox"/> FURNACE NEW | <input type="checkbox"/> WATER TAP (size _____") |
| <input type="checkbox"/> LAWN METER | <input type="checkbox"/> WINDOWS |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ZONING |

*PLEASE INCLUDE A PICTURE SHOWING MEASUREMENTS FROM EXISTING STRUCTURES AND PROPERTY LINES. INDICATING THE TYPE OF WORK YOU WISH TO PERFORM.

** IF WORK REQUIRES GOING INTO THE STREET A STREET BOND IS REQUIRED!

FOR PERMIT COSTS PLEASE FILL OUT REVERSE SIDE.