

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: 512 DATE ISSUED: 03-09-01 ISSUED BY: BND
JOB LOCATION: 330 OAK ST EST. COST: 6000.00

LOT #: SUBDIVISION NAME:
OWNER: MILLER, GEROLD AGENT: VONDEYLEN PLBG & HTG
ADDRESS: 330 OAK ST ADDRESS: 116 E CLINTON ST
CSZ: NAPOLEON, OH 43545 CSZ: NAPOLEON, OH 43545
PHONE: 419-599-7311 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:

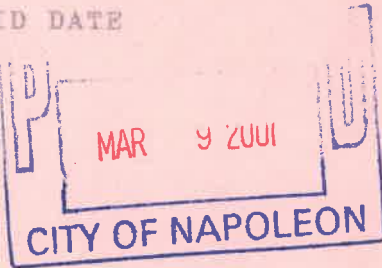
WORK TYPE - NEW: REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION
PURANCE REPLACEMENT
ADD ON A/C

FEE DESCRIPTION PAID DATE FEE AMOUNT DUE
MECHANICAL PERMIT 16.00



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. _____		<u>Base</u>	<u>Plus</u>	<u>Total</u>
PERMIT NO. _____ ISSUED _____	() Building	\$ _____	\$ _____	\$ _____
JOB LOCATION <u>330 oak street</u>	() Electrical	\$ <u>3.00</u>	\$ <u>3.00</u>	\$ <u>6.00</u>
LOT _____	() Plumbing	\$ _____	\$ _____	\$ _____
(Subdivision or Legal Description) _____	() Mechanical	\$ <u>5.00</u>	\$ <u>5.00</u>	\$ <u>10.00</u>
ISSUED BY _____	() Demolition	\$ _____	\$ _____	\$ _____
(Building Official) _____	() Zoning	\$ _____	\$ _____	\$ _____
OWNER <u>Jerry Miller</u> PHONE <u>599-7311</u>	() Sign	\$ _____	\$ _____	\$ _____
ADDRESS <u>330 oak street</u>	() Water Tap	\$ _____	\$ _____	\$ _____
AGENT <u>Von Deylen Plbg & Htg</u> PHONE <u>592-4756</u>	() Sewer Tap	\$ _____	\$ _____	\$ _____
ADDRESS <u>116 E Clinton Napoleon OH</u>	() Temp Water	\$ _____	\$ _____	\$ _____
USE: <input checked="" type="checkbox"/> Residential () Commercial () Industrial	() Temp Elec.	\$ _____	\$ _____	\$ _____
() Other _____				
WORK: <input checked="" type="checkbox"/> New () Addition <input checked="" type="checkbox"/> Replacement () Remodel	Additional Plan Review:	Structure _____	Hours _____	
ESTIMATED COST = \$ <u>6000⁰⁰</u>		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: Replace furnace and install new A/C