

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 7-29-99 JOB LOCATION NAPOLEON

LOT # _____ SUBDIVISION NAME _____

OWNER HOWARD & IRENE GABLE PHONE 419-592-7631

OWNER ADDRESS 1442 OAKDALE DRIVE CITY NAPOLEON ZIP 43545

CONTRACTOR THERMAL GARD WINDOW & DOOR PHONE 219-749-9894

CONTRACTOR ADDRESS 216 E. KIBBY STREET CITY LIMA ZIP 45804

CONTRACTOR FAX # 219-749-4318 CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: REPLACEMENT WINDOW

ESTIMATED COST OF WORK TO BE PERFORMED: \$1,867.00

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 [Signature] Date 8-20-99