

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: 1833 DATE ISSUED: 08-25-03 ISSUED BY: BND
JOB LOCATION: 1448 OAKWOOD AVE EST. COST: 4991.00

LOT #: SUBDIVISION NAME:
OWNER: MATHIAS, JAMES AGENT: SCOTT WAGNER PLBG HT
ADDRESS: 1448 OAKWOOD AVE ADDRESS: 13055 DOHONEY RD
CSZ: NAPOLEON, OH 43545 CSZ: DEFIANCE, OH 43512
PHONE: 419-599-2455 PHONE: 419-782-1834

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:

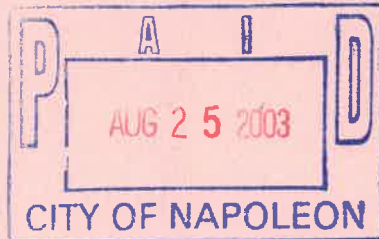
WORK TYPE - NEW: REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION
FURNACE & A/C
REPLACE & ADD ON

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
MECHANICAL PERMIT		16.00



TOTAL FEES DUE 16.00

8-25-2003
DATE

[Signature]
APPLICANT SIGNATURE

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 8-25-03 JOB LOCATION 1448 Oakwood Ave

LOT # _____ SUBDIVISION NAME _____

OWNER Jim Mathias PHONE 419-599-2455

OWNER ADDRESS 1448 Oakwood Ave. CITY Napoleon ZIP 43545

CONTRACTOR Scott Wagner Plumbing + Heating, Inc. PHONE 419-782-1834

CONTRACTOR ADDRESS 13055 Dohoney Rd. CITY Defiance ZIP OH

CONTRACTOR FAX # 419-782-1834 CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: Replace Furnace - Add AC

ESTIMATED COST OF WORK TO BE PERFORMED: \$ 4991.00

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 8-25-03