CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON BUILDING/ZONING DEPARTMENT. I hereby certify that I am the Owner of the named property, or that the proposed work is authorized by the Owner of record and that I have been authorized by the Owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for Work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit. I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.	DATE 5/14/14 JOB LOCATION 1480 COXLOCOD	Are.		
CONTRACTOR SEASON SET TOTAL COST SET TOTAL COST SUIT OF STRUCTURE STATES AND COST SET OF SET	OWNER Darrell Miller	TELEPHONE	# <u>419-260-313</u> 5	
ESTIMATED COMPLETION DATE ESTIMATED COMPLETION DATE ESTIMATED COMPLETION DATE ESTIMATED COMPLETION DATE ESTIMATED COMPLETION Affected Floor Area (AFA): In existing structures, it is the area affected by the improvement, i.e. a new wall dividing a room (the AFA would be only the room and not all the rooms). DESCRIPTION FEE TOTAL COST BUILDING: Decks \$25.00 \$ Addition & Alterations Squarc foot in (AFA)	OWNER ADDRESS 1480 CONWOOD Are 1	Japoleon	OH 43545	
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SIGNATURE OF APPLICANT: The Salve Date: 5/14/14 PRINT NAME: Tom Elder	application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for Work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s)			
PRINT NAME: Tom Elder	I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.			
	SIGNATURE OF APPLICANT: The Salve Date: 5/14/14			
PERMIT#BATCH#CHECK#_24562_DATE_5-29-14	PRINT NAME: Tom Elder			