

THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

Building Permit

Permit Number: BP2006-139

Page 1 of 1

Printed: 10/18/2006

ADDRESS:

1490 Oakwood Ave.

Applicant

Name: MRI Construction

Address: PO Box 669

Approval Date:

419-438-2489

Owners

Name: Ms. Geraldine Haas

Address: 1490 Oakwood Ave

Napoleon, OH 43545

Phone: 419-599-1100

Contractors

Contractor Type: **Builder**

Name: MRI Construction

Address: PO Box 669

Napoleon, OH 43545

Phone: 419-438-2489

Fees and Receipts:

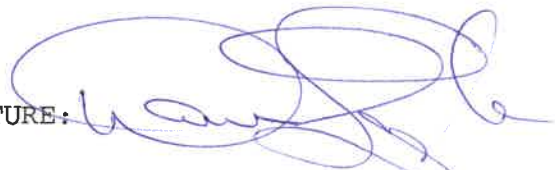
Number	Description	Amount
FEE2006-486	Reroofing/Siding/Gutters (Auto	\$32.00

Total Fees: \$32.00

RCPT2006-284		\$32.00
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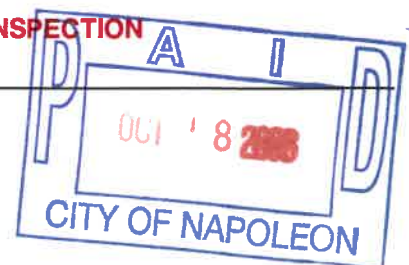
Total Receipts: \$32.00

reroofing

APPLICANTS SIGNATURE: 

DATE: 10-18-06

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



CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

DATE: 10/18/06 JOB LOCATION: 1890 Oakwood -

OWNER: GERT HAASE PHONE: 419-~~435~~99-1100

OWNER ADDRESS: 1890 Oakwood CITY: Nap ZIP: 43545

CONTRACTOR: MRI Construction

PHONE #: 419-438-2489 CELL PHONE# _____

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: Renov

ESTIMATED COMPLETION DATE: 10-19-06

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 checked="" 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.