

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: 75 DATE ISSUED: 04-14-00 ISSUED BY: MBS
JOB LOCATION: 1212 OHIO ST EST. COST: 5616.00

LOT #: SUBDIVISION NAME:

OWNER: KNUTH, LOIS AGENT: B-DRY SYSTEMS OF W O
ADDRESS: 1212 OHIO ST ADDRESS: 720 W SOPHIA
CSZ: NAPOLEON, OH 43545 CSZ: MAUMEE, OH 43537
PHONE: 419-592-4687 PHONE: 419-891-0856

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:

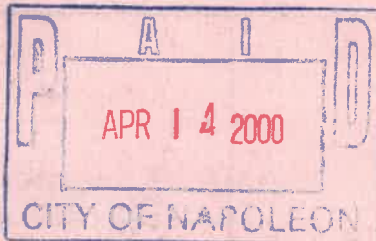
WORK TYPE - NEW: REPLMNT: ADD'N: ALTER: X REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION
WATERPROOFING

FEE DESCRIPTION PAID DATE FEE AMOUNT DUE
BUILDING PERMIT 49.00



TOTAL FEES DUE 49.00

DATE

APPLICANT SIGNATURE

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 4/12/2000 JOB LOCATION 1212 Ohio St

LOT # _____ SUBDIVISION NAME _____

OWNER Lois Knuth PHONE 592-4687

OWNER ADDRESS same CITY _____ ZIP _____

CONTRACTOR B-Dry System of W. Ohio PHONE 419-891 0856

CONTRACTOR ADDRESS 720 W. Sophia St CITY Maumee Ohio ZIP 43537

CONTRACTOR FAX # 419-891-1047 CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: Waterproofing

ESTIMATED COST OF WORK TO BE PERFORMED: 5,616.00 23' x 37'

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 Caleres Date 4/12/2000