

PERMIT
CITY OF NAPOLEON, OHIO - BUILDING DEPARTMENT
255 West Riverview Avenue, Napoleon, Ohio 43545 - (419) 592-4010

Permit No. <u>3273</u> Issued <u>07/14/94</u>	FEES	BASE	PLUS	TOTAL
Job Location <u>1465 Ohio St.</u>	<input type="checkbox"/> Building	\$	\$	\$
Lot _____	<input type="checkbox"/> Electrical	\$	\$	\$
Issued by <u>Robert C. Jones</u>	<input type="checkbox"/> Plumbing	\$	\$	\$
Owner <u>Shirley Castell 599-3751</u>	<input checked="" type="checkbox"/> Mechanical	\$ 5.00	\$	\$ 5.00
Address <u>1465 Ohio St.</u>	<input type="checkbox"/> Demolition	\$	\$	\$
Agent <u>Von Deylen Plbg & Htg 592-4745</u>	<input type="checkbox"/> Zoning	\$	\$	\$
Address <u>116 E. Clinton St.</u>	<input type="checkbox"/> Sign	\$	\$	\$
Use Type - Residential _____	<input type="checkbox"/> Water Tap	\$	\$	\$
Other - Describe _____	<input type="checkbox"/> Sew. Insp.	\$	\$	\$
No. Dwelling Units _____	<input type="checkbox"/> Sewer Tap	\$	\$	\$
New <input checked="" type="checkbox"/> Replacement <input checked="" type="checkbox"/>	<input type="checkbox"/> Temp. Water	\$	\$	\$
Add'n. _____ Alter _____ Remodel _____	<input type="checkbox"/> Temp. Elec.	\$	\$	\$
Mixed Occupancy _____	TOTAL FEES.....			\$ 5.00
Change of Occupancy _____	LESS FEES PAID.....			\$ 5.00
Estimated Cost \$ 4,300.00	BALANCE DUE.....			\$ -0-

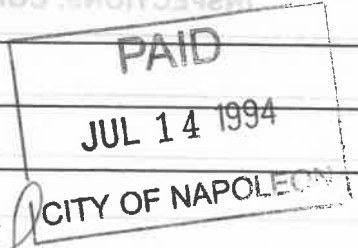
ZONING INFORMATION

district	lot dimensions	area	front yd	side yd	rear yd
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr

WORK INFORMATION

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____
 Height _____ Building Volume (for Demo. Permit) _____

Electrical: _____
 Plumbing: _____
 Mechanical: Furnace replacement & air conditioning
 Additional Information: _____



Date _____ Applicant Signature Randall L. Fisher

APPLICATION FOR

Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit
 FROM - The City of Napoleon, Ohio, Building Department
 255 West Riverview Avenue; P.O. Box 151; Napoleon, Ohio 43545 - Telephone (419) 592-4010

ENTRY NO. _____

PERMIT NO. 3273 ISSUED 7-14-94

JOB LOCATION 7465 OHIO

LOT _____
 (Subdivision or Legal Description)

ISSUED BY _____
 (Building Official)

OWNER SHIRLEY CASTEEL PHONE 599-3751

ADDRESS 1465 OHIO

AGENT VON DEYLAN PHONE 592-4745

ADDRESS 116 E CLINTON

USE: () Residential () Commercial () Industrial
 () Other _____

WORK: New () Addition Replacement () Remodel

ESTIMATED COST = \$ 4300.00

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard

Max Height	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required-Date

	Base	Plus	Total
() Building	\$ _____	\$ _____	\$ _____
() Electrical	\$ _____	\$ _____	\$ _____
() Plumbing	\$ _____	\$ _____	\$ _____
() Mechanical	\$ <u>5.00</u>	\$ <u>5.00</u>	\$ <u>10.00</u>
() Demolition	\$ _____	\$ _____	\$ _____
() Zoning	\$ _____	\$ _____	\$ _____
() Sign	\$ _____	\$ _____	\$ _____
() Water Tap	\$ _____	\$ _____	\$ _____
() Sewer Tap	\$ _____	\$ _____	\$ _____
() Temp Water	\$ _____	\$ _____	\$ _____
() Temp Elec.	\$ _____	\$ _____	\$ _____

Additional Plan Review: Structure _____ Hours _____
 Electric _____ Hours _____

TOTAL FEES	\$ <u>10.00</u>
Less Fees Paid	\$ <u>10.00</u>
BALANCE DUE	\$ <u>0</u>

WORK INFORMATION

Building: Ground Floor Area _____ sq. ft. Basement Floor Area _____ sq. ft.
 Garage Floor Area _____ sq. ft. 2nd Floor Area _____ sq. ft. Other _____ sq. ft.
 Size: Width _____ Length _____ Stories _____ Height _____
 Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: FURNACE REPLACEMENT & AIR CONDITIONING

