

THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

Mechanical Permit

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Permit Number: MC2005-17

Printed: 3/22/2005

Property Address: 11 Park Ct.

Applicant Elling Plumbing & Heating
Address: T 487 ST HWY 108

Approval Date:

Napoleon, OH 43545

Phone: 419-598-8991

Owners

Name: Mr. Robert Downey
Address: 11 Park Court

Phone: 419-592-6766

Contractors Elling Plumbing & Heating
Address: T 487 ST HWY 108
Napoleon, OH 43545

Phone 419-598-8991

Fees and Receipts:

Number	Description	Amount
FEE2005-226	replacing a/c or furnace	\$5.00

Total Fees: \$5.00

Description of work to be done: FURNACE REPLACEMENT



Applicant signature: _____ **Date:** _____

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

DATE: _____ JOB LOCATION: _____

OWNER: Robert Downey PHONE: 419-592-1676

OWNER ADDRESS: 11 Park Court CITY: Napoleon ZIP: 43545

CONTRACTOR: Ellinger P.L.L.C. & Ntg PHONE: 419-598-8991

CONTRACTOR LICENSED WITH THE CITY OF NAPOLEON: YES: NO: _____

DESCRIPTION OF WORK TO BE PERFORMED: furnace replacement

ESTIMATED COST OF WORK TO BE PERFORMED: 2500⁰⁰

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 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
_____ # of new circuits | <input type="checkbox"/> SIGN |
| <input type="checkbox"/> ELECTRICAL SERVICE NEW
_____ # of circuits | <input type="checkbox"/> STORAGE SHED* |
| <input type="checkbox"/> FENCE* | <input type="checkbox"/> STREET BOND |
| <input type="checkbox"/> ADDITIONS* | <input type="checkbox"/> SWIMMING POOL* |
| <input checked="" type="checkbox"/> FURNACE REPLACEMENT | <input type="checkbox"/> TEMP ELECTRIC |
| <input type="checkbox"/> FURNACE NEW | <input type="checkbox"/> WATER TAP |
| <input type="checkbox"/> LAWN METER | <input type="checkbox"/> WINDOWS
_____ # of windows |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ZONING |
| <input type="checkbox"/> OTHERS: _____ | |

*PLEASE MAKE A PICTURE ON REVERSE SIDE SHOWING MEASUREMENTS FROM EXISTING STRUCTURES AND PROPERTY LINES. INDICATING THE TYPE OF WORK YOU WISH TO PERFORM.