

PERMIT

City of Napoleon
255 W. Riverview
Napoleon, OH 43545

Division of Building and Zoning
PH (419) 592-4010
FAX (419) 599-8393

Permit No: 002123

Date Issued: 04-22-04

Issued by: BND

Job Location: 735 PARK ST

Est. Cost: 4500.00

Lot #:

Subdivision Name:

Owner: NICELY, KEVIN
Address: 735 PARK ST
CSZ: NAPOLEON, OH 43545
Phone: 419-599-0315

Agent: KEVINS PLBG & HTG IN
Address: 806 STRYKER ST
CSZ: ARCHBOLD, OH 43502
Phone: 419-445-4715

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:	Addn'n:	Alter:	Remodel:
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WORK INFORMATION

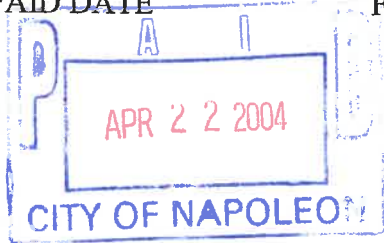
Size - Lgth:	Width:	Stories:	Living Area SF:
Garage Area SF:	Height:	Bldg Vol Demo Permit:	

WORK DESCRIPTION
FURNACE REPLACEMETN
A/C ADD ON

FEE DESCRIPTION
MECHANICAL PERMIT

PAID DATE	FEE AMOUNT DUE
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16.00



Total Fees Due 16.00

4-22-04

Date


Applicant Signature

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

*DATE 4-22-04 *JOB LOCATION 735 Park St

LOT # _____ SUBDIVISION NAME _____

*OWNER Kenny & Wendy Micaly *PHONE 419-999-0135

OWNER ADDRESS 735 Park St *CITY Napoleon ZIP 0

*CONTRACTOR Kevin's Plumbing & Htg PHONE 419-995-4715

*CONTRACTOR ADDRESS 806 Steyler St CITY Arcadia ZIP 43502

*CONTRACTOR FAX # 419-446-2130 CELL PHONE (Opt) _____

*DESCRIPTION OF WORK TO BE PERFORMED: replace furnace add A/C

*ESTIMATED COST OF WORK TO BE PERFORMED: 4500⁰⁰

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 Kevin's Bo H Phone 419-995-4715 Fax 419-446-2130
Address 806 Steyler St City Arcadia St Ohio Zip 43502

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 [Signature] * Date 4-22-04

Please complete one of these forms for each job.

\$16⁰⁰