

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: 99469

DATE ISSUED: 01-28-00

ISSUED BY: BND

JOB LOCATION: 744 PARK ST

EST. COST: 8050.00

LOT #:

SUBDIVISION NAME:

OWNER: TEJKL, ELIZABETH
ADDRESS: 744 PARK ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-0776

AGENT: TRI-COUNTY ROOFING I
ADDRESS: 13771 CO RD 162
CSZ: PAULDING, OH 45879
PHONE: 419-399-3964

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: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION

REMODEL
FNDN ELEC PLBG

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

BUILDING PERMIT

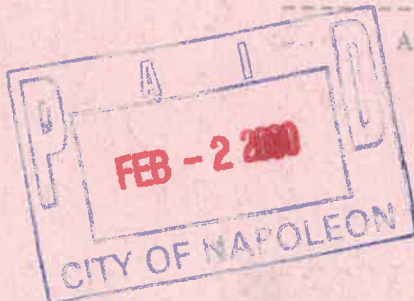
55.00

TOTAL FEES DUE

55.00

DATE

APPLICANT SIGNATURE



Attn: Brent

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 1/28/00 JOB LOCATION _____

LOT # _____ SUBDIVISION NAME _____

OWNER Elizabeth Tejkl PHONE _____

OWNER ADDRESS 744 Park St CITY Napoleon ZIP 43545

CONTRACTOR Tri-County Roofing Inc PHONE 399-3964

CONTRACTOR ADDRESS 13771 RR #2 CITY Paulding ZIP 45879

CONTRACTOR FAX # 399-9662 CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: Foundation ext. doors, electrical, plumbing

ESTIMATED COST OF WORK TO BE PERFORMED: 8,050 -

WORK INFORMATION

55.00

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 Ronda Douth Date 1/28/00