

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: 99131

DATE ISSUED: 05-05-99

ISSUED BY: MBS

JOB LOCATION: 747 PARK ST

EST. COST: 4875.00

LOT #:

SUBDIVISION NAME:

OWNER: SHAVER, JERRY
ADDRESS: 747 PARK ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-8315

AGENT: BUSH PLBG, HTG & AC
ADDRESS: 12417 FRUITRIDGE RD
CSZ: DEFIANCE, OH 43512
PHONE: 419-395-1896

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: X REPLMNT: X ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION

FURNACE REPLACEMENT AND ADD ON A/C

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

MECHANICAL PERMIT
ELECTRICAL PERMIT

10.00
3.00



TOTAL FEES DUE 13.00

[Handwritten Signature]

APPLICANT SIGNATURE

55-99

DATE

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

* DATE 5/4/95 * JOB LOCATION 747 PARK ST. NAPOLEON, OH.

LOT # _____ SUBDIVISION NAME _____

* OWNER JERRY SHAVER PHONE 419-592-8315

* OWNER ADDRESS 747 PARK ST. CITY NAPOLEON ZIP 43545

* CONTRACTOR BUSH PLUMBING HEATING & A/C INC PHONE 419-395-1896

* CONTRACTOR ADDRESS 12417 FRUIT RIDGE RD. CITY DEFIANCE ZIP 43512

* CONTRACTOR FAX # 419 395-2553 CELL PHONE (Opt.) _____

* DESCRIPTION OF WORK TO BE PERFORMED: FURNACE & A/C REPLACEMENT

* ESTIMATED COST OF WORK TO BE PERFORMED: \$ 4875⁰⁰

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 same 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 _____ FR SB _____ S' / SB _____ RY SB _____ Max Ht _____ ft Max Cov _____ %

I by signing below agree to comply with all applicable City of Napoleon Code & 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 _____ * Date _____