

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: 1422 DATE ISSUED: 11-18-02 ISSUED BY: MRD
JOB LOCATION: 924 PARK ST EST. COST: 10250.00

LOT #: SUBDIVISION NAME:
OWNER: SCHWIEBERT, SCOTT AGENT: S & B CONSTRUCTION
ADDRESS: 11367 ST RT 18 ADDRESS: 11-367 ST RT 18
CSZ: HOLGATE, OH 43527 CSZ: HOLGATE, OH 43527
PHONE: 419-274-3573 PHONE: 419-274-3573

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:

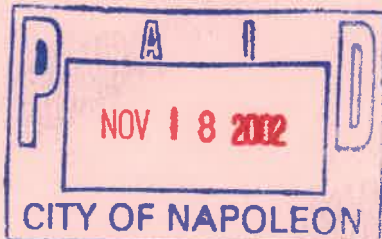
WORK TYPE - NEW: REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION
NEW ROOF, WINDS, DOORS
PORCH, INSULATION

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		59.00



TOTAL FEES DUE 59.00

DATE

APPLICANT SIGNATURE

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NEW ROOF, WINDS, DOORS
PORCH, INSULATION

FOOT PRINT CHANGE? NO SITE PLAN

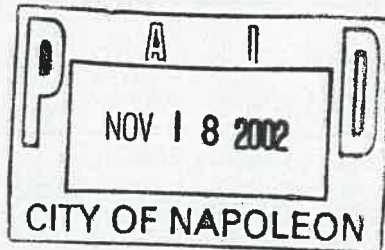
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CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE _____ *JOB LOCATION 924 Park St.

LOT # _____ SUBDIVISION NAME _____

*OWNER Scott Schwiebert *PHONE 419-274-3573

OWNER ADDRESS 11-367 St. Rt. 18 *CITY Holgate, Ohio ZIP 43527

*CONTRACTOR StB Construction PHONE 419-274-3573

*CONTRACTOR ADDRESS 11-367 St. Rt. 18 CITY Holgate, Ohio ZIP 43527

*CONTRACTOR FAX # 419-274-8061 CELL PHONE (Opt.) _____

*DESCRIPTION OF WORK TO BE PERFORMED: Rafters/Roof/Windows/Doors/Porch/Insulate

*ESTIMATED COST OF WORK TO BE PERFORMED: \$10,250⁰⁰

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 _____ 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 R. Scott Schwiebert * Date _____

Please complete one of these forms for each job.