

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

P-15-0476
Building

DATE 12-3-15 JOB LOCATION 1040 N Perry St

OWNER Tom Gustwiller TELEPHONE # 419-592-0099

OWNER ADDRESS 1040 N. Perry St.

CONTRACTOR Greenworks Remodeling CELL PHONE # 419-350-4225

DESCRIPTION OF WORK TO BE PERFORMED Siding the Barn behind house

ESTIMATED COMPLETION DATE 1-1-16 ESTIMATED COST \$9995.00

Affected Floor Area (AFA): In existing structures, it is the area affected by the improvement, i.e. a new wall dividing a room (the AFA would be only the room and not all the rooms).

DESCRIPTION	FEE	TOTAL COST
BUILDING:		
<i>Decks</i>	\$25.00	\$
<i>Addition & Alterations</i> Square foot in (AFA) x \$0.05 = \$	+	\$25.00 = \$
Garage and Shed over 200 SF (Detached)	\$25.00	\$
Siding and/or Roofing	\$25.00	\$ <u>25.00</u>
Windows/Doors	\$25.00	\$
ELECTRICAL:		
<i>Electrical</i> Circuits in (AFA) x \$3.00/Circuit = \$	+	\$25.00 = \$
Electrical Service Upgrade	\$25.00	\$
MECHANICAL:		
Water Heater	\$25.00	\$
Furnace and/or AC Replacement	\$25.00	\$
PLUMBING:		
<i>Plumbing</i> Traps in (AFA) x \$3.00/Trap = \$	+	\$25.00 = \$
TOTAL plus Ohio Board of Building Standards Fee 1%		\$ <u>25</u>

TOTAL FEE: \$ 25.25

I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON BUILDING/ZONING DEPARTMENT.

I hereby certify that I am the Owner of the named property, or that the proposed work is authorized by the Owner of record and that I have been authorized by the Owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for Work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.

SIGNATURE OF APPLICANT: _____ DATE: _____

PRINT NAME: _____

BATCH # 33327 CHECK # 009143 DATE _____

APPLICATION
for
RESIDENTIAL BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, PERMITS and DEMOLITION PERMIT
from the

CITY OF NAPOLEON - BUILDING DEPARTMENT

255 West Riverview Ave. Napoleon, Ohio 43545 Pn. 419-592-4010

Entry No. _____

Permit No. _____ Issued _____

Job Location 1040 N. Perry St

Lot _____
sub-div. or legal disc. _____

Issued By _____
building official _____

Owner M/M Thomas Gustwiller Pn 592-0099

Address 1040 N. Perry St.

Agent Seamless Siding & Windows Pn 470-6200

Address 5511 Telegraph RD. Toledo OH.

Description of Use Siding

Residential _____
no. dwelling units _____

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter Remodel _____

Mixed Occupancy 1 family

Change of Occupancy _____

Estimated Cost \$ 10,000

-ZONING INFORMATION

district	lot dimensions	area	front yd	side yds.	rear yd
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd.	date appr

WORK INFORMATION:

BUILDING: Garage Fl. Area _____ Basement Fl. Area _____ Second Floor Area _____

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____

Height _____ Building Volume (for demo. permit) _____ cu. ft.

Description of Work: _____

Ch. Permits Reg.	Base	Fees Plus	Total
<input checked="" type="checkbox"/> Building	_____	_____	_____
<input type="checkbox"/> Electrical	_____	_____	_____
<input type="checkbox"/> Plumbing	_____	_____	_____
<input type="checkbox"/> Mechanical	_____	_____	_____
<input type="checkbox"/> Demolition	_____	_____	_____
<input type="checkbox"/> Zoning	_____	_____	_____
<input type="checkbox"/> Sign	_____	_____	_____
<input type="checkbox"/> Water tap	_____	_____	_____
<input type="checkbox"/> Sewer Tap	_____	_____	_____
<input type="checkbox"/> Temp. Water	_____	_____	_____
<input type="checkbox"/> Temp. Elec.	_____	_____	_____
Additional plan review	struc. _____ hrs	Elect. _____ hrs	_____
Total Fees.....	_____	_____	_____
Less Min. Fees Pd.	_____	_____	_____
Balance Due.....	_____	_____	_____

Continue on Back Side for Electrical, Plumbing and Mechanical and other Information;