

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

P-15-0409
Mechanical

DATE 11/2/15 JOB LOCATION 917 North Perry
 OWNER Keith Jacqua TELEPHONE # 419-599-3759
 OWNER ADDRESS 917 North Perry Street
 CONTRACTOR Von Deylen Plbg + Htg, Inc CELL PHONE # 419-592-4756
 DESCRIPTION OF WORK TO BE PERFORMED Replace Furnace

ESTIMATED COMPLETION DATE 4000⁰⁰ ESTIMATED COST 4000⁰⁰

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:		
Decks	\$25.00	\$
Addition & Alterations Square foot in (AFA) x \$0.05 = \$	+	\$25.00 = \$
Garage and Shed over 200 SF (Detached)	\$25.00	\$
Siding and/or Roofing	\$25.00	\$
Windows/Doors	\$25.00	\$
ELECTRICAL:		
Electrical 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	\$ 25.00
PLUMBING:		
Plumbing Traps in (AFA) x \$3.00/Trap = \$	+	\$25.00 = \$
TOTAL plus Ohio Board of Building Standards Fee 1%		\$.25

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: Randall L. Fisher Pres DATE: 11-2-15

PRINT NAME: Randall L Fisher

PERMIT # _____ BATCH # 33127 CHECK # 028107 DATE 11/2/15

APPLICATION FOR

Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit

FROM - The City of Napoleon, Ohio, Building Department

255 West Riverview Avenue; P.O. Box 151; Napoleon, Ohio 43545 - Telephone (419) 592-4010

ENTRY NO. _____

PERMIT NO. _____ ISSUED _____

JOB LOCATION 917 N. Perry

LOT _____
(Subdivision or Legal Description)

ISSUED BY _____
(Building Official)

OWNER Keith Jagua PHONE 599-3759

ADDRESS 917 N. Perry Napoleon

AGENT Von Pylea P&H PHONE 592-4756

ADDRESS 116 E Clinton Napoleon

USE: Residential Commercial Industrial
 Other _____

WORK: New Addition Replacement Remodel

	<u>Base</u>	<u>Plus</u>	<u>Total</u>
() Building	\$ _____	\$ _____	\$ _____
() Electrical	\$ _____	\$ _____	\$ _____
() Plumbing	\$ _____	\$ _____	\$ _____
() Mechanical	\$ <u>5.00</u>	\$ _____	\$ <u>5.00</u>
() Demolition	\$ _____	\$ _____	\$ _____
() Zoning	\$ _____	\$ _____	\$ _____
() Sign	\$ _____	\$ _____	\$ _____
() Water Tap	\$ _____	\$ _____	\$ _____
() Sewer Tap	\$ _____	\$ _____	\$ _____
() Temp Water	\$ _____	\$ _____	\$ _____
() Temp Elec.	\$ _____	\$ _____	\$ _____

ESTIMATED COST = \$ 2700.00

Additional Structure _____ Hours _____
Plan Review: Electric _____ Hours _____

TOTAL FEES \$ 5.00
Less Fees Paid \$ 5.00
BALANCE DUE \$ _____

ZONING INFORMATION

<u>District</u>	<u>Lot Dimensions</u>	<u>Area</u>	<u>Front Yard</u>	<u>Side Yard</u>	<u>Rear Yard</u>

<u>Max Height</u>	<u>No. Pkg. Spaces</u>	<u>No. Ldg. Spaces</u>	<u>Max Cover</u>	<u>Petition or Appeal Required-Date</u>

WORK INFORMATION

Building: Ground Floor Area _____ sq. ft. Basement Floor Area _____ sq. ft.

Garage Floor Area _____ sq. ft. 2nd Floor Area _____ sq. ft. Other _____ sq. ft.

Size: Length _____ Width _____ Stories _____ Height _____

Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: Replace Furnace