

515519

KH 13-0195
Bldg.

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

DATE 5-1-13 JOB LOCATION 505 S. Perry
 OWNER Rick Smith TELEPHONE # 419-966-2709
 OWNER ADDRESS 505 S. Perry
 CONTRACTOR Wallsie Windows CELL PHONE # 313-272-4400
 DESCRIPTION OF WORK TO BE PERFORMED Install (18) vinyl replacement windows
 ESTIMATED COMPLETION DATE _____ ESTIMATED COST _____

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
<i>Addition & Alterations</i> Square foot in (AFA) x \$0.05 = \$	+	\$25.00 = \$
<i>Electrical</i> Circuits in (AFA) x \$3.00/Circuit = \$	+	\$25.00 = \$
<i>Plumbing</i> Traps in (AFA) x \$3.00/Trap = \$	+	\$25.00 = \$
<i>Siding and/or Roofing</i>		\$25.00 \$
<i>Windows/Doors</i>		\$25.00 \$
<i>Decks</i>		\$25.00 \$
<i>Garage and Shed over 200 SF (Detached)</i>		\$25.00 \$
<i>Electrical Service Upgrade</i>		\$25.00 \$
<i>Water Heater</i>		\$25.00 \$
<i>Furnace and/or AC Replacement</i>		\$25.00 \$
	MBP (100.3100.46510)	Subtotal: \$
	(100.0000.42700) PLUS Ohio Board of Building Standards Fee + 1%	\$

TOTAL FEE: \$

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: Rick Smith DATE: _____
 PRINT NAME: _____

BATCH # _____ CHECK # 604027 DATE 5-6-13

\$25.25



10-W. Trolley Industrial
 St. MI 48180
 Phone: 313-292-8000
 Fax: 313-292-8000
 4504

Customer Information

Date: 4/19/13
 Customer # 185038
 Name(s): Rick Smith
 Job # 5106
 Promotion: EM, 5070
 Address: 505 S. Perry St. DH Zip: 43345
 City: Napoleon
 Home # 419-966-2709 Work #
 Job Site #:
 Email:

Job Location

Tenant Name:
 Address:
 City:
 N S E W of
 N S E W of
 N S E W of

Total Windows/DW Removed: 1
 Total Windows/DW Installed: 18
 Doorwall Handle Color: Low E
 Window Color: White
 Trim Color: White
 Other: White
 Initial: [Signature]
 Date: 4/13/13

Order #	Stop Size	Sill Size	ENERGY SAVING TECHNOLOGY	Location	D.H. Tilt (C/O)	Slider				Tilt-Slide		Casement		Misc
						Single Hung	Picture Window	Double	End Vent	Center Vent	Double Slider	End Vent	Single (Hinge L/R)	
1	44" x 61"		Low E	Living - S	X									
2	28" x 30"			" S										
3	28" x 30"			DIN RM - S 11 76 x 31 S										
4				BED 1 - S										
5				" S										
6				" 77-31 S										
7				" R										
8	34 x 51"			VR BATH -										
9	30" x 45"			BED 2 - S										
10	26" x 28"													

Sales Comments

1 Measure/Installer Comments
 R55 Glass Bed 1 Rear
 ADD ON CHECK WITH STEPS
 AND #1 S/C

2 Office Use Only
 #4 + 1 ↑ \$ 250 NW

Under ORC Ann. § 1345:
 behalf, at your residence
 agreement is given by you
 buyer, may cancel this tr
 transaction. See the att

Construction review required Yes No
 if yes, photo required.



By: [Signature]
 Print Name:
 Accepter By:

All jobs MUST be measured 14 days prior to the promised installation date, otherwise the installation date will be rescheduled. Further, changes must be received 14 days prior to the installation date. Customer is responsible for removing and reinstalling alarms and window treatments. New interior trim is not painted or stained. Wallside will clean up work area and haul away debris.

FOR USE IN OHIO • CONTRACT • FOR USE IN OHIO
 Time Available: ALL
 Same address as pre

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Wallside Industrial Dr.
 89180
 313-292-4400
 Toll Free: 800-521-7800
 Fax: 313-292-4504
 www.wallside.com

Customer Information
 Order: 4119-13
 Customer # 115510
 Job # 115510
 Name(s): Rick Smith
 Promotion: FIVE MINS 50%
 Address: 505 S PERRY
 City: Napoleon OH Zip: 43545
 Home # 419-966-2709 Work #
 Cell # Job Site #
 Email:

Job Location
 Tenant Name:
 Address:
 City:
 N S E W of
 N S E W off
 Time Available:
 Same address

Job Summary
 Total Windows/DW Removed: 21
 Total Windows/DW Installed: 18
 Doorwall Handle Color: Low E
 Window Color: In WHITE Out WHITE
 Trim Color: WHITE
 Initial: [Signature]
 Date: [Blank]

Riders
 Door
 Sliding
 Muntin/Specialty
Measure Info
 Measure Man: [Blank]
 Measured By: [Blank]
 Date: [Blank]

Work Order	Stop Size	Sill Size	ENERGY SAVING TECHNOLOGY	Location	W I N D O W S															
					D.H. Tilt (C/O)	Single Hung	Picture Window	Double	End Vent	Center Vent	Double Slider	End Vent	Tilt-Slide	Single (Hinge LR)	Double	Awning	Picture Window	Specialty/Garden Window		
1	30" x 57"			BED 2 - F																
2	30" x 57"			11 F	X															
3	26" x 28"			11 S																
4	66" x 45"			BED 3 - S																
5	26" x 28"			BED 4 - S																
6	30" x 57"			11 R	X															
7	30" x 57"			11 R	X															
8	26" x 28"			BED 4 - S																
9																				
10																				

Sales Comments
Measure/Installer Comments
Office Use Only
 Under ORC Ann. § 1345.2
 behalf, at your residence (agreement is given by you
 buyer, may cancel this tra
 transaction. See the attac
 By: [Signature]
 Print Name: [Blank]
 Acc'd By: [Signature]
 Initial: [Blank]



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 Construction review required Yes No
 If yes, photo required.