

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: 334 DATE ISSUED: 09-19-00 ISSUED BY: MBS
JOB LOCATION: 832 S PERRY ST EST. COST: 4900.00

LOT #: SUBDIVISION NAME:

OWNER: MYERS, CATHERINE AGENT: DAMMAN PLBG & HTG
ADDRESS: 832 S PERRY ST ADDRESS: N-033 GO RD 17D
CSZ: NAPOLEON, OH 43545 CSZ: OKOLONA, OH 43550
PHONE: 419-592-1300 PHONE: 419-758-3116

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

FURNACE REPLACE ADD ON A/C

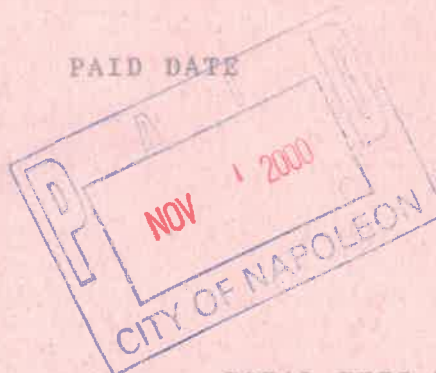
FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

MECHANICAL PERMIT

10.00



TOTAL FEES DUE

10.00

DATE

APPLICANT SIGNATURE

Please complete this form for each job.

Fill areas marked *

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

* DATE 9/5/2000 * JOB LOCATION 832 S. Perry.

LOT # _____ SUBDIVISION NAME _____

* OWNER Catherine Myers * PHONE 592-1300

* OWNER ADDRESS 832 S. Perry. * CITY Napoleon * ZIP 43545

* CONTRACTOR Damman Plbg, Htg & AC * PHONE 758-3116

* CONTRACTOR ADDRESS N-033 G. Rd 1740 * CITY Kolona * ZIP 43550

CONTRACTOR FAX # _____ CELL PHONE (Opt) _____

* DESCRIPTION OF WORK TO BE PERFORMED: Replace Furnace, Add A/C

* ESTIMATED COST OF WORK TO BE PERFORMED: \$4,900.00

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 FR _____ R Max Cov _____ %

I by signing below agree to comply with all applicable City of Napoleon Ordinances with particular reference to the rules herein described. I understand that all work for which a permit is required to be approved by the building department or other city department.

* Applicant Signature *[Signature]* 9/5/2000