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: 1491 DATE ISSUED: 01-14-03 ISSUED BY: MRD

JOB LOCATION: 833 S PERRY ST EST. COST: 0.00

LOT #: SUBDIVISION NAME:

OWNER: WEAKS, JANET
ADDRESS: 833 S PERRY ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-4738

AGENT: SELF
ADDRESS:
CSZ:
PHONE:

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 WHEELCHAIR RAMP

LOCATION NO SITE PLAN

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		0.00

TOTAL FEES DUE 0.00

DATE

APPLICANT SIGNATURE

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1491

DATE ISSUED: 01-14-2003

JOB LOCATION: 833 S PERRY ST

OWNER: WEAKS, JANET

OWNER PHONE:419-592-4738

CONTRACTOR: SELF

CONTRACTOR PHONE:

WORK DESCRIPTION: NEW WHEELCHAIR RAMP

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDT _____

STRUC _____ ROOF _____ EXT _____

VENT _____ ACCES _____ EGRS _____

SMKDT _____ FINAL _____

ISSUE TEMP OCCUP _____ ISSUE OCCUP ____

STRG SHED: SITE _____ FINAL _____

SIGN: FTG _____ FINAL _____

FENCE: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

_____

_____

INSPECTOR INITIALS: _____