

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: 110

DATE ISSUED: 05-11-00

ISSUED BY: BND

JOB LOCATION: 839 S PERRY ST

EST. COST: 400.00

LOT #:

SUBDIVISION NAME:

OWNER: HENRY COUNTY FAIR BOARD  
ADDRESS: 660 N PERRY ST  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-4876

AGENT: BARTELS ELECTRIC INC  
ADDRESS: 13-414 CO RD S  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-599-2992

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

ELECTRIC SERVICE UPGRADE  
STORM DAMAGE

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

ELECTRICAL PERMIT

0.00

TOTAL FEES DUE

0.00

DATE

APPLICANT SIGNATURE

# CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 5-11-00 JOB LOCATION 839 So. Perry ST

LOT # \_\_\_\_\_ SUBDIVISION NAME \_\_\_\_\_

OWNER H.C. FAIR BOARD PHONE 592-9096

OWNER ADDRESS 907 So. Perry CITY NAPOLEON, OH ZIP 43545

CONTRACTOR BARTERS ELECTRIC PHONE 599-2992

CONTRACTOR ADDRESS 13414 CR5 CITY NAPOLEON ZIP 43545

CONTRACTOR FAX # (419) 599-2792 CELL PHONE (Opt.) 769-0416

DESCRIPTION OF WORK TO BE PERFORMED: REPLACE MATH & MOTOR SOCKET

ESTIMATED COST OF WORK TO BE PERFORMED: 300<sup>00</sup>

## 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 Ht \_\_\_\_\_ ft Max Cov \_\_\_\_\_ %

I by signing below agree to comply with all applicable City of Napoleon Codes & Ordinances while performing the work herein described. I understand that all work for which a permit is issued is required to be approved by the building inspector of the City of Napoleon.

Applicant Signature John Swearingen Date 5-11-00