

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: 97220

DATE ISSUED: 06-26-97

ISSUED BY: BND

JOB LOCATION: 19 PONTIOUS PL

EST. COST: 1500.00

LOT #:

SUBDIVISION NAME:

OWNER: LEOW, NOLAN
ADDRESS: 19 PONTIOUS PL
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-6911

AGENT: ELLING PLBG & HTG
ADDRESS: T-487 ST HWY 108
CSZ: NAPOLEON, OH 43545
PHONE: 419-598-8991

USE TYPE - RESIDENTIAL: X

OTHER:

ZONING INFORMATION

DIST: LOT DIM: AREA: FYRD: SYRD: RYRD:
MAX HT: # PKG SPACES: # LOADING SP: MAX LOT COV:

BOARD OF ZONING APPEALS:

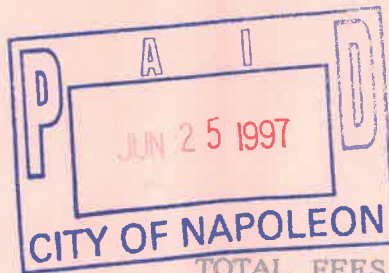
WORK TYPE - NEW: REPLMNT: ADD'N: X ALTER: REMODEL:

WORK INFORMATION

SIZE - LGTH: WIDTH: STORIES: LIVING AREA SF:
RAGE AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION
A/C ADD ON

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
MECHANICAL PERMIT		5.00
ELECTRICAL PERMIT		6.00



TOTAL FEES DUE 11.00

DATE

APPLICANT SIGNATURE

APPLICATION FOR
 Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit
 FBCH - 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 19 Pontiac Place

LOT _____
 (Subdivision or Legal Description)

ISSUED BY _____
 (Building Official)

OWNER Nolan Lew PHONE 592-6966

ADDRESS 19 Pontiac Place

AGENT Elling Plbt Htz PHONE 598-8991

ADDRESS 7487 SR108 nap

USE: Residential () Commercial () Industrial
 () Other _____

WORK: New () Addition () Replacement () Remodel

ESTIMATED COST = \$ 1500⁰⁰

	<u>Base</u>	<u>Plus</u>	<u>Total</u>
() Building	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Electrical	\$ <u>6.00</u>	\$ _____	\$ _____
() Plumbing	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Mechanical	\$ <u>5.00</u>	\$ _____	\$ _____
() Demolition	\$ _____	\$ _____	\$ _____
() Zoning	\$ _____	\$ _____	\$ _____
() Sign	\$ _____	\$ _____	\$ _____
() Water Tap	\$ _____	\$ _____	\$ _____
() Sewer Tap	\$ _____	\$ _____	\$ _____
() Temp Water	\$ _____	\$ _____	\$ _____
() Temp Elec.	\$ _____	\$ _____	\$ _____

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

TOTAL FEES \$ 11.00
 Less Fees Paid \$ _____
 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>
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<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>
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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: add on A.C.

Earl H. Elling