

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: 335 DATE ISSUED: 09-19-00 ISSUED BY: MBS

JOB LOCATION: 422-B RAYMOND ST EST. COST: 1794.00

LOT #: SUBDIVISION NAME:

OWNER: SNYDER, TOM AGENT: DAMMAN PLBG & HTG
ADDRESS: 1520 THERSHAN DR ADDRESS: N-033 CO RD 17D
CSZ: NAPOLEON, OH 43545 CSZ: OKOLONA, OH 43550
PHONE: 419-592-9386 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 REPLACEMENT

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
MECHANICAL PERMIT		5.00



TOTAL FEES DUE 5.00

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 422 E. Raymond Unit B

LOT # _____ SUBDIVISION NAME _____

* OWNER Tom Snyder * PHONE 592-9386

* OWNER ADDRESS 1520 Thersman * CITY Napoleon * ZIP 43545

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

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

CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____

* DESCRIPTION OF WORK TO BE PERFORMED: Replace furnace

* ESTIMATED COST OF WORK TO BE PERFORMED: \$ 1,794.00

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 Address _____ City _____ Phone _____ St _____ Fax _____ Zip _____

Electrical Contractor Address _____ City _____ Phone _____ St _____ Fax _____ Zip _____

Plumbing Contractor Address _____ City _____ Phone _____ St _____ Fax _____ Zip _____

Heating Contractor Address _____ City _____ Phone _____ St _____ Fax _____ Zip _____

Insulation Contractor Address _____ City _____ Phone _____ St _____ Fax _____ 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 doing below agree to comply with all applicable City Ordinances. Code 4: Ordinance which authorizes the work herein described. I understand that all work for which a permit is issued is required to be covered by the zoning department of the City of Napoleon.

* Applicant Signature: Jessica M. Kinder Date 9/5/2000