

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: 97105 DATE ISSUED: 04-11-97 ISSUED BY: BND

JOB LOCATION: 344 E RIVERVIEW AVE EST. COST:

LOT #: SUBDIVISION NAME:

OWNER: OHIO GAS COMPANY
ADDRESS: 200 W HIGH ST
CSZ: 43506
PHONE: 800-331-7396

AGENT: SELF
ADDRESS:
CSZ:
PHONE:

USE TYPE - RESIDENTIAL: OTHER: COMMERCIAL

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: X

WORK INFORMATION

DEPTH - LGTH: WIDTH: STORIES: LIVING AREA SF:
PAGE AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION

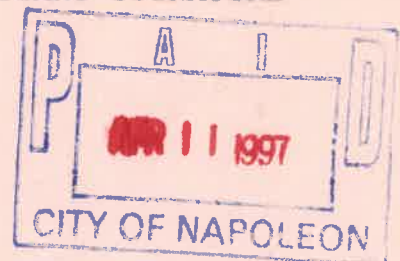
OFFICE SPACE RENOVATION

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
ZONING PERMIT		25.00

TOTAL FEES DUE 25.00

DATE

APPLICANT SIGNATURE



CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 97105

DATE ISSUED: 04-11-97

JOB LOCATION: 344 E RIVERVIEW AVE

OWNER: OHIO GAS COMPANY

OWNER PHONE: 800-331-7396

CONTRACTOR:

CONTRACTOR PHONE:

WORK DESCRIPTION: OFFICE SPACE RENOVATION

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDDT _____

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: _____