

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: 98248

DATE ISSUED: 08-04-98

ISSUED BY: BND

JOB LOCATION: 535 E RIVERVIEW AVE

EST. COST: 1500.00

LOT #:

SUBDIVISION NAME:

OWNER: WESTHOVEN, PAUL
ADDRESS: 129 W WASHINGTON ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-0771

AGENT: WINAMEG CONTRS INC
ADDRESS: 6500 US RT 20A
CSZ: DELTA, OH 43515
PHONE: 419-822-4309

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

STORM SEWER TAP & CATCH BASINS

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
SEWER 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 7-24-98 JOB LOCATION 535 East Riverside

LOT # - SUBDIVISION NAME Old Crown Dielectric Bldg

OWNER ^{NEW} Paul Westhoven PHONE 592-0711

OWNER ADDRESS Office 129 W Washington CITY Napoleon ZIP 43545

CONTRACTOR Winameg Contractors PHONE 922-4309

CONTRACTOR ADDRESS 6505 US 20A, STE A CITY Delta ZIP OH

CONTRACTOR FAX # 419-822-5820 CELL PHONE (Opt) Jeff 466-0548

DESCRIPTION OF WORK TO BE PERFORMED: Tap to Storm in two places

WORK INFORMATION

**We are working in Right of way - no info Avail.*

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 _____ & 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 Michelle Jiff Date 7-24-98
Winameg Contr.