

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: 97428      DATE ISSUED: 11-03-97      ISSUED BY: BND

JOB LOCATION: 690 E RIVERVIEW AVE      EST. COST:

LOT #:      SUBDIVISION NAME:

OWNER: HOGREFE, ROBERT  
ADDRESS: 657 E RIVERVIEW AVE  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-599-4281

AGENT: SELF  
ADDRESS:  
CSZ:  
PHONE:  
OTHER:

USE TYPE - RESIDENTIAL:

ZONING INFORMATION

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

MAX LOT COV:      REMODEL:

BOARD OF ZONING APPEALS:

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

WORK INFORMATION

E - LGTH:      WIDTH:      STORIES:      LIVING AREA SF:  
GARAGE AREA SF:      HEIGHT:      BLDG VOL DEMO PERMIT:

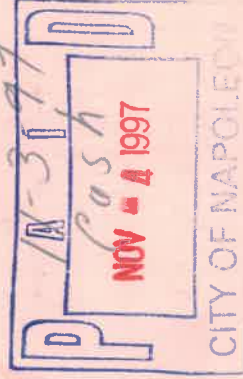
WORK DESCRIPTION  
DEMOLISH 2 STORY FARM HOUSE

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

DEMOLITION PERMIT



15.00

TOTAL FEES DUE

15.00

11-3-97

DATE

*Robert Hogrefe*  
APPLICANT SIGNATURE

APPLICANT SIGNATURE

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 97428

DATE ISSUED: 11-03-97

JOB LOCATION: 690 E RIVERVIEW AVE

OWNER: HOGREFE, ROBERT

OWNER PHONE: 419-599-4281

CONTRACTOR: SELF

CONTRACTOR PHONE:

WORK DESCRIPTION: DEMOLISH 2 STORY FARM HOUSE

PLUMBING: UNDGR \_\_\_\_\_ RGHIN \_\_\_\_\_ FINAL \_\_\_\_\_

SEWER INSP \_\_\_\_\_

MECHANICAL: UNDGR \_\_\_\_\_ RGHIN \_\_\_\_\_ FINAL \_\_\_\_\_

FURNACE REPLC \_\_\_\_\_ AIR COND \_\_\_\_\_

ELECTRICAL: UNDGR \_\_\_\_\_ RGHIN \_\_\_\_\_ FINAL \_\_\_\_\_

SERV UPGR \_\_\_\_\_

BUILDING: SITE \_\_\_\_\_ FTG \_\_\_\_\_ FNDT \_\_\_\_\_

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: Pc mo - 2-2-98

NOTES: \_\_\_\_\_

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INSPECTOR INITIALS: \_\_\_\_\_