

PERMIT

City of Napoleon
255 W. Riverview
Napoleon, OH 43545

Division of Building and Zoning
PH (419) 592-4010
FAX (419) 599-8393

Permit No: 002505

Date Issued: 01-04-05

Issued by: MBS

Job Location: 994 E RIVERVIEW AVE

Est. Cost: 3000.00

Lot #:

Subdivision Name:

Owner: RIGGS, HERBERT
Address: 994 E RIVERVIEW AVE
CSZ: NAPOLEON, OH 43545
Phone:

Agent: MINNICK HTG & A/C
Address: 71 OAK DR
CSZ: NAPOLEON, OH 43545
Phone: 419-592-4561

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:	Addn'n:	Alter:	Remodel:
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WORK INFORMATION

Size - Lgth:	Width:	Stories:	Living Area SF:
Garage Area SF:	Height:	Bldg Vol Demo Permit:	

WORK DESCRIPTION
REPLACING FURNACE

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
MECHANICAL PERMIT	01-04-05	5.00

Total Fees Due 5.00



1/5/05
Date

JS
Applicant Signature

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTIAL CONSTRUCTION INCLUDING BUILDING,
ELECTRICAL, PLUMBING, MECHANICAL, DEMILITIONS, REMODELING.

DATE: 1/5/05 JOB LOCATION: 994 E. Riverview

OWNER: Harbert Riggs PHONE: 592.6155

OWNER ADDRESS: _____ CITY: _____ ZIP: _____

CONTRACTOR: Miwick Heating PHONE: _____

CONTRACTOR LICENSED WITH THE CITY OF NAPOLEON?: YES: _____ NO: _____

DESCRIPTION OF WORK TO BE PERFORMED: _____

ESTIMATED COST OF WORK TO BE PERFORMED: _____

PLEASE MARK THE TYPE OF WORK YOU WILL BE PERFORMING

- | | |
|--|--|
| <input type="checkbox"/> A/C ADD ON | <input type="checkbox"/> REMODELING |
| <input type="checkbox"/> BOILER REPLACEMENT | <input type="checkbox"/> ROOFING |
| <input type="checkbox"/> CURBING | <input type="checkbox"/> SEWER REPAIRS |
| <input type="checkbox"/> DECKS * | <input type="checkbox"/> SIDEWALK* |
| <input type="checkbox"/> DRIVEWAY* | <input type="checkbox"/> SIDING |
| <input type="checkbox"/> ELECTRICAL SERVICE UPGRADE
_____ # of new circuits | <input type="checkbox"/> SIGN |
| <input type="checkbox"/> ELECTRICAL SERVICE NEW
_____ # of circuits | <input type="checkbox"/> STORAGE SHED* |
| <input type="checkbox"/> FENCE* | <input type="checkbox"/> STREET BOND |
| <input type="checkbox"/> ADDITIONS* | <input type="checkbox"/> SWIMMING POOL* |
| <input checked="" type="checkbox"/> FURNACE REPLACEMENT | <input type="checkbox"/> TEMP ELECTRIC |
| <input type="checkbox"/> FURNACE NEW | <input type="checkbox"/> WATER TAP |
| <input type="checkbox"/> LAWN METER | <input type="checkbox"/> WINDOWS
_____ # of windows |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ZONING |
| <input type="checkbox"/> OTHERS: _____ | |

*PLEASE MAKE A PICTURE ON REVERSE SIDE SHOWING MEASUREMENTS FROM EXISTING STRUCTURES AND PROPERTY LINES. INDICATING THE TYPE OF WORK YOU WISH TO PERFORM.