

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: 002470

Date Issued: 11-24-04

Issued by: MBS

Job Location: 1208 W RIVERVIEW AVE

Est. Cost: 3275.00

Lot #:

Subdivision Name:

Owner: HUFF, JAMES
Address: 1208 W RIVERVIEW AVE
CSZ: NAPOLEON, OH 43545
Phone: 419-592-3274

Agent: S & B CONSTRUCTION
Address: 11-367 ST RT 18
CSZ: HOLGATE, OH 43527
Phone: 419-274-3573

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: X	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

REPLACEMENT OF 6 WINDOWS

FEE DESCRIPTION
BUILDING PERMIT

PAID DATE

FEE AMOUNT DUE
11.00



Total Fees Due 11.00

11/24/04

Date

[Signature]

Applicant Signature

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 11-24-04 *JOB LOCATION 1208 W. Riverview

LOT # _____ SUBDIVISION NAME _____

OWNER James Huff *PHONE 419-592-3274

OWNER ADDRESS 1208 W. Riverview *CITY Napoleon, Ohio ZIP 43545

*CONTRACTOR STB Construction PHONE 419-274-3573

*CONTRACTOR ADDRESS 11367 SR 18 CITY Holgate, Ohio ZIP 43527

*CONTRACTOR FAX # 419-274-8061 CELL PHONE (Opt.) _____

*DESCRIPTION OF WORK TO BE PERFORMED: Replacement Windows 6 windows

*ESTIMATED COST OF WORK TO BE PERFORMED: \$ 3275⁰⁰ \$ 11⁰⁰

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 _____ 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 _____ ft 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 R Scott Schwartz *Date 11-24-04

Please complete one of these forms
for each job.