

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: 622                      DATE ISSUED: 06-04-01                      ISSUED BY: BND  
JOB LOCATION: 1214 W RIVERVIEW AVE                      EST. COST: 1200.00

LOT #:    SUBDIVISION NAME:  
  
OWNER: EITZMAN, TOM    AGENT: HOLGATE LUMBER CO.  
ADDRESS: 1214 W RIVERVIEW AVE    ADDRESS: 215 LEE ST  
CSZ: NAPOLEON, OH 43545    CSZ: HOLGATE, OH 43527  
PHONE: 419-592-1266    PHONE: 419-264-2331

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:

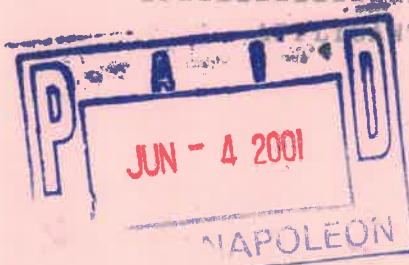
WORK DESCRIPTION  
FENCE

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		18.00

TOTAL FEES DUE                      18.00

DATE

PERMIT SIGNATURE



\$ 18,00

# CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 6-1-01 JOB LOCATION 1214 W. Riverview Ave. Napoleon Ohio

LOT # \_\_\_\_\_ SUBDIVISION NAME \_\_\_\_\_

OWNER Tom Eitzman PHONE \_\_\_\_\_

OWNER ADDRESS 1214 W. Riverview Ave CITY Napoleon Ohio ZIP 43545

CONTRACTOR Holgate Lumber Co. PHONE 592-1266

CONTRACTOR ADDRESS 215 Lee CITY Holgate Ohio ZIP 43527

CONTRACTOR FAX # 264-6681 CELL PHONE (Opt.) \_\_\_\_\_

DESCRIPTION OF WORK TO BE PERFORMED: install fence

ESTIMATED COST OF WORK TO BE PERFORMED: \$ 1200.00

### 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. install fence

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 Janet Gilse Date 6-1-01