

THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419) 592-4010

Building Permit

Permit Number: BP2009-87

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Printed: 9/21/2009

ADDRESS: *1220 Riverview Ave. W*

Applicant

Name: DDC Rehab of Van Wert, Inc
Address: 1640 Baltimore St

Approval Date: 4/30/2009
419-782-1181

Owners

Name: Mr. John Stovcsik
Address: 1220 W Riverview Ave
Napoleon, OH 43545

Phone: 419-599-1141

Contractors

Contractor Type: General Contractor

Name: DDC Rehab of Van Wert, Inc
Address: 1640 Baltimore St

Defiance, OH 43512

Phone: 419-782-1181

Fees and Receipts:

Number	Description	Amount
FEE2009-456	Siding / Roofing	\$25.00
FEE2009-457	State 1% fee (Calc)	\$0.25

Total Fees: \$25.25

RCPT2009-315 \$25.25

Total Receipts: \$25.25

Roof

APPLICANTS SIGNATURE: _____ DATE: _____

REMINDER: YOU MUST CALL (419)592-4010 FOR AN INSPECTION

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL,
PLUMBING, MECHANICAL, DEMOLITIONS & REMODELING

DATE 4-30-09 JOB LOCATION 1220 W Riverview
 OWNER John Stovcasik TELEPHONE # _____
 OWNER ADDRESS 1220 W Riverview
 CONTRACTOR DPC Rehab of VW CELL PHONE # 419-980-0701
 DESCRIPTION OF WORK TO BE PERFORMED Roofing

ESTIMATED COMPLETION DATE _____ ESTIMATED COST 12,200

Affected Floor Area (AFA): In existing structures, it is the area affected by the improvement, i.e. a new wall dividing a room (the AFA would be only the room and not all the rooms).

DESCRIPTION	FEE	TOTAL COST
<i>Addition & Alterations</i> Square foot in (AFA) x \$0.05 = \$	+ \$25.00 = \$	
<i>Electrical</i> Circuits in (AFA) x \$3.00/Circuit = \$	+ \$25.00 = \$	
<i>Plumbing</i> Traps in (AFA) x \$3.00/Trap = \$	+ \$25.00 = \$	
Siding and/or Roofing	\$25.00	\$ <u>25.00</u>
Windows/Doors	\$25.00	\$
Decks	\$25.00	\$
Garage and Shed over 250 SF (Detached)	\$25.00	\$
Electrical Service Upgrade	\$25.00	\$
Water Heater	\$25.00	\$
Furnace and/or AC Replacement	\$25.00	\$
MBP (100.3100.46510)	Subtotal:	\$
(100.0000.42700) PLUS Ohio Board of Building Standards Fee	+ 1%	\$ <u>.25</u>

TOTAL FEE: \$ 25.25

I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON BUILDING/ZONING DEPARTMENT.

I hereby certify that I am the Owner of the named property, or that the proposed work is authorized by the Owner of record and that I have been authorized by the Owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for Work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.

SIGNATURE OF APPLICANT: <u>Bruce Shall</u>	DATE: <u>4-30-09</u>
PRINT NAME: <u>Bruce Shall</u>	
BATCH # <u>20675</u>	CHECK # <u>9329</u>
DATE <u>05-14-09</u>	