

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: 1131

DATE ISSUED: 05-14-02

ISSUED BY: MRD

JOB LOCATION: 632 W RIVERVIEW AVE

EST. COST: 5275.00

LOT #:

SUBDIVISION NAME:

OWNER: POKORSKI, SANDRA
ADDRESS: 632 W RIVERVIEW AVE
CSZ: NAPOLEON, OH 43545
PHONE: 000-000-0000

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: ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION

NEW SOFFIT, FASCIA,
GUTTERS

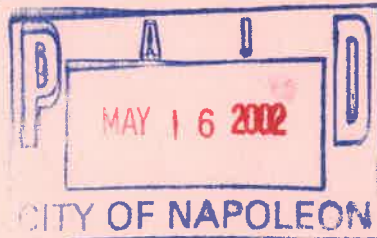
FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

BUILDING PERMIT

49.00



TOTAL FEES DUE

49.00

5-17-02

DATE

R. Scott Schuchert

APPLICANT SIGNATURE

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1131

DATE ISSUED: 05-14-2002

JOB LOCATION: 632 W RIVERVIEW AVE

OWNER: POKORSKI, SANDRA

OWNER PHONE: 000-000-0000

CONTRACTOR: S & B CONSTRUCTION

CONTRACTOR PHONE: 419-274-3573

WORK DESCRIPTION: NEW SOFFIT, FASCIA,

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDDT _____

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: _____

NOTES: _____

INSPECTOR INITIALS: _____

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

*DATE 5-14-02 *JOB LOCATION 632 W. Riverview

LOT # _____ SUBDIVISION NAME _____

*OWNER Sandra K. Pokorski *PHONE 561-375-9916

OWNER ADDRESS 2612 Lake Drive N *CITY Boynton Beach, FL ZIP 33435

*CONTRACTOR St B Construction PHONE 419-274-3573

*CONTRACTOR ADDRESS 11-367 St. Rt. 18 CITY Hopate, Ohio ZIP 43527

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

*DESCRIPTION OF WORK TO BE PERFORMED: Soffit/Fascia/Gutters

*ESTIMATED COST OF WORK TO BE PERFORMED: \$5275⁰⁰

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 Schwiebert * Date 5-14-02

Please complete one of these forms for each job.