THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

Mechanical Permit

1 of 1 Page

Permit Number: MC2005-53

7/19/2005 Printed:

Property Address:

826 Riverview Ave. W.

Applicant

Address:

Elling Plumbing & Heating

T 487 ST HWY 108

Approval Date: 7/19/2005

Napoleon, OH 43545

Phone: 419-598-8991

Owners

Name: Mr. Matt Shumaker

Address: 826 W Riverview Ave

Phone: 419-599-0539

Contractors Elling Plumbing & Heating

Address: T 487 ST HWY 108

Napoleon, OH 43545

Phone 419-598-8991

Fees and Receipts:

FEE2005-541

Number

Description

replacing a/c or furnace

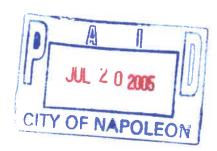
Amount \$5.00

Total Fees:

\$5.00

Description of work to be done:

a/c add on



Applicant signature: Earl H. Elling Date: 7-20-05



CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

DATE: 7-19-05 JOB LOCATION: 826	5 N
	599.0539
OWNER ADDRESS: 876 W. Rwerview	CITY: Nopoleon ZIP: 43545
CONTRACTOR: Elling's Plb-+ NTg CONTRACTOR LICENSED WITH THE CITY OF NAPOLEON?: YES	PHONE: 4/9-598-899/
Is any of this job going to be subcontracted out? Yes: No	
If yes to whom:	
DESCRIPTION OF WORK TO BE A.C. add on	:
PLEASE MARK THE TYPE OF WORK YOU W	
_BOILER REPLACEMENT	REMODELING
BOILER REPLACEMENT	ROOFING
	SEWER REPAIRS**
DECKS *	_SIDEWALK*
DRIVEWAY*	SIDING
ELECTRICAL SERVICE UPGRADE	_STORAGE SHED*
ELECTRICAL SERVICE NEW	_SWIMMING POOL*
FENCE*	FURNACE REPLACEMENT
_ADDITIONS*	TEMP ELECTRIC
	i
FURNACE NEW	WATER TAP (size")
_LAWN METER	_windows
PLUMBING	_ZONING

*PLEASE INCLUDE A PICTURE SHOWING MEASURMENTS FROM EXISTING STRUCTURES AND PROPERTY LINES. INDICATING THE TYPE OF WORK YOU WISH TO PERFORM.

** IF WORK REQUIRES GOING INTO THE STREET A STREET BOND IS REQUIRED!

FOR PERMIT COSTS PLEASE FILL OUT REVERSE SIDE.

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City of Napoleon

BUILDING & ZONING DEPARTMENT

255 W Riverview

(419)592-4010



Inspection Record		
mapecuon necord		Page: 1
Inspection #: INSP20	05-200	Printed: 7/26/2005
Address: 826 Rivervie	ew Ave. W.	Reference #: MC2005-53
Napoleon, C	OH 43545	
Applicant: Mr. Matt She	umaker	
Directions To Parcel:		
Inspection Type: Med	chanial Final	Date: 7/20/2005
Inspector: Tom		Status: Complete
Passed? ✓		·
Required Steps:		
Comments:		
Inspection Checklist:		
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Corrections:		
Correction Code:		Date:
Correction Description:	:	_
Status:		Correction Made Date:
Conditions:		
Condition Code:		Description:

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