

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: 88                      DATE ISSUED: 04-24-00                      ISSUED BY: MBS  
JOB LOCATION: 832 W RIVERVIEW AVE                      EST. COST: 2474.00

LOT #:    SUBDIVISION NAME:

OWNER: RETCHER, RAY    AGENT: QUILLAN BROS INC.  
ADDRESS: 832 W RIVERVIEW AVE    ADDRESS: 06902 US 27  
CSZ: NAPOLEON, OH 43545    CSZ: BRYAN, OH 43506  
PHONE: 419-599-0906    PHONE: 419-636-1303

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                      ADD'N:                      ALTER:                      REMODEL:

WORK INFORMATION

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

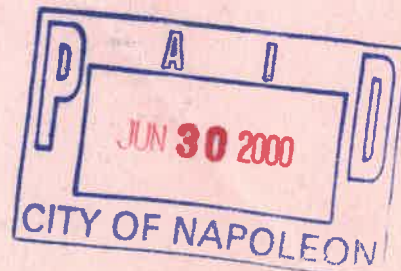
WORK DESCRIPTION  
WINDOW REPLACEMENT

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		27.00

TOTAL FEES DUE                      27.00

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DATE

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APPLICANT SIGNATURE



# CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 4-26-00 JOB LOCATION 832 W. River View

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

OWNER Raymond Retcher PHONE (419) 699-0906

OWNER ADDRESS 832 W. River View CITY Napoleon ZIP 43545

CONTRACTOR Guillen Bros, Inc. PHONE (419) 636-1303

CONTRACTOR ADDRESS 0602 U.S. 127 Bryan CITY Bryan ZIP 43506

CONTRACTOR FAX # (419) 636-2773 CELL PHONE (Opt.) (419) 260-7289

DESCRIPTION OF WORK TO BE PERFORMED: Replacement Windows

ESTIMATED COST OF WORK TO BE PERFORMED: \$2474.00

### 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.

ZONING INFORMATION (to be completed by City): District \_\_\_\_\_ Lot Dimensions \_\_\_\_\_  
Lot Area \_\_\_\_\_ FRSB \_\_\_\_\_ SYSB \_\_\_\_\_ RYSB \_\_\_\_\_ Max Ht \_\_\_\_\_ ft Max Cov \_\_\_\_\_ %

I, by signing, hereby 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 \_\_\_\_\_ Date \_\_\_\_\_