

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: 1651 DATE ISSUED: 06-04-03 ISSUED BY: BND
JOB LOCATION: 908 W RIVERVIEW AVE EST. COST: 9500.00

LOT #: SUBDIVISION NAME:
OWNER: APEL, MILTON AGENT: FITZENRIDER INC
ADDRESS: 908 W RIVERVIEW AVE ADDRESS: 827 PERRY ST
CSZ: NAPOLEON, OH 43545 CSZ: DEFIANCE, OH 43512
PHONE: 419-592-4268 PHONE: 419-784-0828

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
A/C SYSTEM

| FEE DESCRIPTION | PAID DATE | FEE AMOUNT DUE |
|-------------------|-----------|----------------|
| MECHANICAL PERMIT | | 5.00 |
| ELECTRICAL PERMIT | | 6.00 |

TOTAL FEES DUE 11.00

DATE

APPLICANT SIGNATURE



June 02, 2003

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

* DATE 6-02-03 JOB LOCATION 908 W. Riverview

LOT # _____ SUBDIVISION NAME _____

* OWNER Milt Apel PHONE 419-592-4268

* OWNER ADDRESS 908 W. Riverview CITY Napoleon ZIP 43545

* CONTRACTOR FITZENRIDER INC. PHONE 419-784-0828

* CONTRACTOR ADDRESS 827 Perry St. CITY Defiance ZIP 43512

* CONTRACTOR FAX # 419-782-7385 CELL PHONE (Opt.) _____

* DESCRIPTION OF WORK TO BE PERFORMED: Installation of Split A.C. w/ Ductwork *AK system*

* ESTIMATED COST OF WORK TO BE PERFORMED: \$ 9500⁰⁰

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.

*5,000 ME
6,000 EL*

BUILDING SIZE: Length _____ Width _____ Stories _____ Height _____ DEMO VOL _____

Masonry Contractor _____
Address _____ City _____ Phone _____ St _____ Fax _____ Zip _____

Electrical Contractor _____
Address _____ City _____ Phone _____ St _____ Fax _____ Zip _____

Plumbing Contractor _____
Address _____ City _____ Phone _____ St _____ Fax _____ Zip _____

Heating Contractor _____
Address _____ City _____ Phone _____ St _____ Fax _____ Zip _____

Insulation Contractor _____
Address _____ City _____ Phone _____ St _____ Fax _____ Zip _____

Other Contractor attach information.

ZONING INFORMATION (to be completed by City): District _____ Lot Area _____ FPSB _____ SYSB _____ RYSB _____ I or Dimensions _____
Max Ft _____ 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 Philip D. Fitzgenider Date 6-02-03

1151

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

* DATE 6-02-03 JOB LOCATION 19 Lakeview Dr.

LOT # _____ SUBDIVISION NAME _____

* OWNER Harry Bleschke PHONE 419-592-6846

* OWNER ADDRESS 19 Lakeview Dr. CITY Napoleon ZIP 43545

* CONTRACTOR FITZENRIDER INC. PHONE 419-784-0828

* CONTRACTOR ADDRESS 827 Perry St. CITY Defiance ZIP 43512

* CONTRACTOR FAX # 419-782-7385 CELL PHONE (Opt.) _____

* DESCRIPTION OF WORK TO BE PERFORMED: Installation of Split A.C. w/ Ductwork A/C system

* ESTIMATED COST OF WORK TO BE PERFORMED: ~~3~~ \$ 12,340⁰⁰

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.

Handwritten notes: 11.00 ME, 6.00 EL, and a circular stamp.

BUILDING SIZE: Length _____ Width _____ Stories _____ Height _____ DEMO VOL _____

Masonry Contractor Address _____ City _____ Phone _____ St _____ Fax _____ Zip _____

Electrical Contractor Address _____ City _____ Phone _____ St _____ Fax _____ Zip _____

Plumbing Contractor Address _____ City _____ Phone _____ St _____ Fax _____ Zip _____

Heating Contractor Address _____ City _____ Phone _____ St _____ Fax _____ Zip _____

Insulation Contractor Address _____ City _____ Phone _____ St _____ Fax _____ 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 Philip D. Fitzender Date June 02, 03

Handwritten number: 11050

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1651

DATE ISSUED: 06-04-2003

JOB LOCATION: 908 W RIVERVIEW AVE

OWNER: APEL, MILTON

OWNER PHONE: 419-592-4268

CONTRACTOR: FITZENRIDER INC

CONTRACTOR PHONE: 419-784-0828

WORK DESCRIPTION: A/C SYSTEM

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: *BM*