CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

DATE 6-11-13 JOB LOCATION 550 ROBINWOOD	
OWNER Terry Huston, Janis Huston, Joann Jennings TELEPHONE #	
OWNER ADDRESS	
CONTRACTOR Tom Sperser Electric	CELL PHONE #
DESCRIPTION OF WORK TO BE PERFORMED WO amp overhead upgrade	
ESTIMATED COMPLETION DATE	ESTIMATED COST 1500.00
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
BUILDING:	
Decks	\$25.00 \$
Addition & Alterations Square foot in (AFA)x \$0.05 = \$_	+ \$25.00 = \$
Garage and Shed over 200 SF (Detached)	\$25.00 \$
Siding and/or Roofing	\$25.00 \$
Windows/Doors	
ELECTRICAL:	
Electrical . Circuits in (AFA) x \$3.00/Circuit = \$_	+ \$25.00 = \$
Electrical Service Upgrade	606.00 C DE NA
MECHANICAL:	
Water Heater	
Furnace and/or AC Replacement	
PLUMBING:	2
Plumbing Traps in (AFA) x \$3.00/Trap = \$_	+ \$25.00 = \$
TOTAL plus Ohio Board of Building Standards Fee 1% \$. 25	
1 FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTE ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAP	THE AROVE SHALL RELINDED TAKEN OF DEDECTRACE AND THE
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 CHAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.	
SIGNATURE OF APPLICANT HOUSE OF SPECIAL SIGNATURE SIGNATURE OF SPECIAL SIGNATURE OF SPECIAL SIGNATURE SIGNATURE OF SPECIAL SIGNATURE SIG	DATE: 6-11-13
PRINT NAME:	
PERMIT # BATCH # CHE	CK #DATE
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