

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: 99019

DATE ISSUED: 01-26-99

ISSUED BY: MMS

JOB LOCATION: 535 ROHM DR

EST. COST: 7158.00

LOT #:

SUBDIVISION NAME:

OWNER: HEINRICHS, JEFF  
ADDRESS: 535 ROHM DR  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-599-0656

AGENT: BILLY DOOR CO  
ADDRESS: 850 CARPENTER RD  
CSZ: DEFIANCE, OH 43512  
PHONE: 419-782-1181

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  
REPLACEMENT WINDOWS

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		53.00

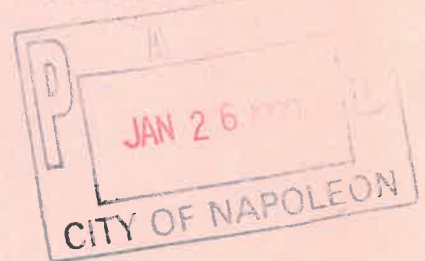
TOTAL FEES DUE 53.00

1-26-99

DATE

*[Handwritten Signature]*

APPLICANT SIGNATURE



Complete areas marked \*

# CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

\* DATE 6/8/00 \* JOB LOCATION 535 ROHM DRIVE

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

\* OWNER JAN HEINRICHS \* PHONE (419) 592-0034 (work)

\* OWNER ADDRESS 535 ROHM DR. \* CITY NAPOLEON ZIP 43545

\* CONTRACTOR DILLY DOOR CO. PHONE (419) 782-1181

CONTRACTOR ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CONTRACTOR FAX # (419) 782-1495 CELL PHONE (Opt.) \_\_\_\_\_

\* DESCRIPTION OF WORK TO BE PERFORMED: BUILD POOL HOUSE, 6' VINYL FENCING

\* ESTIMATED COST OF WORK TO BE PERFORMED: \$ 23,300.00

### 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 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 \_\_\_\_\_ \* Date \_\_\_\_\_

PROPOSAL  
DILLY DOOR CO.

850 CARPENTER 1034 WESTWOOD  
DEFIANCE, OH 43512 VAN WERT, OH 45891  
(419) 782-1181 (419) 238-9795  
1-800-888-9838 1-800-216-0041

Work 592-0034

JAN HEINRICHS  
535 ROHM DRIVE.  
NAPOLEON, OH 43545

DATE: 04/16/00  
PAGE: (1)

JOB# 1149

ESTIMATE TO BUILD (1) 13' WIDE X 20' LONG POOL  
HOUSE WITH A 4' PORCH OVERHANG AS PER DISCUSSION.  
PRICE INCLUDES CONCRETE SLAB AND FINISHED  
EXTERIOR. PRICE DOES NOT INCLUDE ANY INTERIOR  
FINISH WORK.

\$ 8,500.00

TO REMOVE EXISTING STRUCTURES ADD \$1,000.00 FOR  
LABOR AND DUMPSTER FEES.

ESTIMATE TO INSTALL APPROXIMATELY 270 L.F. OF  
6' HIGH TAN VINYL BUFFTECH NORFOLK PRIVACY FENCE.  
PRICE INCLUDES (1) WALK GATE.

\$13,800.00

Need  
Permit

A.S.A.P.

DO!

INSTALLED PRICE INCLUDES MATERIAL & LABOR & WE PAY TAX!

PAYMENT IN FULL UPON COMPLETION OF JOB. A 1.5% SERVICE CHARGE WILL BE  
ADDED TO BALANCE 30 DAYS PAST DUE.

THIS PROPOSAL MAY BE WITHDRAWN BY US IF NOT ACCEPTED WITHIN 30 DAYS.

AUTHORIZED SIGNATURE

Mike Bowen

OUR WORKERS ARE FULLY COVERED BY  
WORKERS COMPENSATION INSURANCE

ACCEPTANCE OF PROPOSAL -  
THE ABOVE PRICES, SPECIFICATIONS &  
CONDITIONS ARE SATISFACTORY & ARE  
HEREBY ACCEPTED. YOU ARE AUTHORIZED  
TO DO THE WORK AS SPECIFIED. PAYMENT  
WILL BE MADE AS OUTLINED ABOVE

SIGNATURE \_\_\_\_\_  
DATE OF ACCEPTANCE \_\_\_\_\_