

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: 842

DATE ISSUED: 10-22-01

ISSUED BY: SKE

JOB LOCATION: 570 ROHM DR

EST. COST: 4100.00

LOT #:

SUBDIVISION NAME:

OWNER: STANGE, DON
ADDRESS: 570 ROHM DR
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-0236

AGENT: GABLE HTG & A/C
ADDRESS: 220 ORCHARD LN
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-1176

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
REPL FURNACE & A/C

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
MECHANICAL PERMIT		10.00

TOTAL FEES DUE 10.00

DATE

APPLICANT SIGNATURE

Randy E Gable



CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 842

DATE ISSUED: 10-22-2001

JOB LOCATION: 570 ROHM DR

OWNER: STANGE, DON

OWNER PHONE: 419-599-0236

CONTRACTOR: GABLE HTG & A/C

CONTRACTOR PHONE: 419-599-1176

WORK DESCRIPTION: REPL FURNACE & A/C

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: _____