

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: 98055

DATE ISSUED: 03-10-98

ISSUED BY: BND

JOB LOCATION: 320 ROHRS AVE

EST. COST: 4300.00

LOT #:

SUBDIVISION NAME:

OWNER: LEONARD, KEVIN
ADDRESS: 320 ROHRS AVE
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-2713

AGENT: DILLY 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: ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION
DECK 11X14

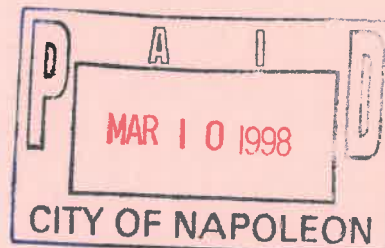
FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		47.00

TOTAL FEES DUE 47.00

3-10-98

DATE

R. G. Glase - D. H. P. Co.
APPLICANT SIGNATURE



APPLICATION FOR
 Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit
 FRCM - The City of Napoleon, Ohio, Building Department
 255 West Riverview Avenue; P.O. Box 151; Napoleon, Ohio 43545 - Telephone (419) 592-4010

ENTRY NO. _____

PERMIT NO. _____ ISSUED _____

JOB LOCATION 320 Roha Street

LOT _____
 (Subdivision or Legal Description)

ISSUED BY _____
 (Building Official)

OWNER Kevin Leonard (Work) PHONE 599-3015

ADDRESS 320 Roha

AGENT Dilby Cook PHONE 782-1181

ADDRESS _____

USE: Residential () Commercial () Industrial
 () Other _____

WORK: New () Addition () Replacement () Remodel

ESTIMATED COST = \$ 4,300.00

	Base	Plus	Total
<input checked="" type="checkbox"/> Building	\$ _____	\$ _____	\$ _____
() Electrical	\$ _____	\$ _____	\$ _____
() Plumbing	\$ _____	\$ _____	\$ _____
() Mechanical	\$ _____	\$ _____	\$ _____
() Demolition	\$ _____	\$ _____	\$ _____
() Zoning	\$ _____	\$ _____	\$ _____
() Sign	\$ _____	\$ _____	\$ _____
() Water Tap	\$ _____	\$ _____	\$ _____
() Sewer Tap	\$ _____	\$ _____	\$ _____
() Temp Water	\$ _____	\$ _____	\$ _____
() Temp Elec.	\$ _____	\$ _____	\$ _____

Additional Plan Review: Structure _____ Hours _____
 Electric _____ Hours _____

TOTAL FEES \$ _____
 Less Fees Paid \$ _____
 BALANCE DUE \$ _____

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard

Max Height	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required-Date

WORK INFORMATION

Building: Ground Floor Area _____ sq. ft. Basement Floor Area _____ sq. ft.
 Garage Floor Area _____ sq. ft. 2nd Floor Area _____ sq. ft. Other _____ sq. ft.
 Size: Length 14 Width 11 Stories — Height 30"-36"

Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: 11x14 Deck on front of house