

PERMIT
CITY OF NAPOLEON, OHIO - BUILDING DEPARTMENT
255 West Riverview Avenue, Napoleon, Ohio 43545 - (419) 592-4010

Permit No. <u>2722</u> Issued <u>8-10-92</u>		FEES	BASE	PLUS	TOTAL
Job Location <u>414 ROHRS</u>	<input checked="" type="checkbox"/>	Building	\$ 9.00	\$ 9.00	\$ 18.00
Lot _____	<input type="checkbox"/>	Electrical	\$ _____	\$ _____	\$ _____
Issued by <u>BRENT N. DAMMAN</u>	<input type="checkbox"/>	Plumbing	\$ _____	\$ _____	\$ _____
Owner <u>MR. & MRS. DELANO LEONARD</u> <u>592-6287</u>	<input type="checkbox"/>	Mechanical	\$ _____	\$ _____	\$ _____
Address <u>414 ROHRS, NAPOLEON, OHIO</u>	<input type="checkbox"/>	Demolition	\$ _____	\$ _____	\$ _____
Agent <u>TRI-COUNTY HOME IMPROVEMENTS</u> <u>478-5155</u>	<input type="checkbox"/>	Zoning	\$ _____	\$ _____	\$ _____
Address <u>5511 LEWIS AVE., TOLEDO, OHIO</u> <u>43612</u>	<input type="checkbox"/>	Sign	\$ _____	\$ _____	\$ _____
Use Type - Residential <u>X</u>	<input type="checkbox"/>	Water Tap	\$ _____	\$ _____	\$ _____
Other - Describe _____	<input type="checkbox"/>	Sew. Insp.	\$ _____	\$ _____	\$ _____
No. Dwelling Units <u>1</u>	<input type="checkbox"/>	Sewer Tap	\$ _____	\$ _____	\$ _____
New _____ Replacement <u>X</u>	<input type="checkbox"/>	Temp. Water	\$ _____	\$ _____	\$ _____
Add'n. _____ Alter _____ Remodel _____	<input type="checkbox"/>	Temp. Elec.	\$ _____	\$ _____	\$ _____
Mixed Occupancy _____	TOTAL FEES.....\$ 18.00				
Change of Occupancy _____	LESS FEES PAID. 8-10-92....\$ 18.00				
Estimated Cost \$ <u>1,829.00</u>	BALANCE DUE.....\$ 0.00				

ZONING INFORMATION

district	lot dimensions		area	front yd	side yd	rear yd
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd		date appr

WORK INFORMATION

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____
 Height _____ Building Volume (for Demo. Permit) _____

Electrical: _____

Plumbing: _____

Mechanical: _____

Additional Information: INSTALLATION OF REPLACEMENT WINDOWS.

Date 8-10-92 Applicant Signature Application Signed

PAID
AUG 10 1992

TRI COUNTY HOME IMPROVEMENT CO., INC.

OUR REF. NUMBER

YOUR INVOICE NUMBER

INVOICE DATE

INVOICE AMOUNT

AMOUNT PAID

DISCOUNT TAKEN

NET CHECK AMOUNT

414

Rohrs

\$18.00

Permit

6993



PAY-IN ORDER

CITY OF NAPOLEON

22179

Received of

The Co Home Improvements

8-10

1992

PAY TO THE FINANCE DIRECTOR OF SAID CITY

Eighteen Dollars and 00/100

100

DOLLARS, \$

18 00

For *Bank of America # 2722*

which amount is to be placed to the credit of

CR # 6993

R. J. ...

Fund

FINANCE DIRECTOR

818.00

APPLICATION for RESIDENTIAL BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, PERMITS and DEMOLITION PERMIT from the CITY OF NAPOLEON - BUILDING DEPARTMENT

255 West Riverview Ave. Napoleon, Ohio 43545 Pn. 419-592-4010

Entry No. _____

Permit No. 2722 Issued 8-10-92

Job Location 414 Rohrs

Lot _____

Issued By BMD sub-div. or legal disc.

Owner M. Remes Leonard building official De lano Pn. 592-6087

Address 414 Rohrs

Contractor Tri County Home Imp. Pn. 478-5153

Address 5511 Lewis Ave. Toledo, OH 43612

Description of Use _____

Residential no. dwelling units _____

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 18,290.00

ZONING INFORMATION

district	lot dimensions	area	front yd	side yds.	rear yd
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd.	date appr

WORK INFORMATION:

BUILDING: Garage Fl. Area _____ Basement Fl. Area _____ Second Floor Area _____

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____

Height _____ Building Volume (for dem. permit) _____ cu. ft.

Description of Work: Installation of replacement windows

Ck. Permits Reg.	Base	Fees Plus	Total
<input checked="" type="checkbox"/> Building	<u>9.00</u>	<u>9.00</u>	<u>18.00</u>
Electrical	_____	_____	_____
Plumbing	_____	_____	_____
Mechanical	_____	_____	_____
Demolition	_____	_____	_____
Zoning	_____	_____	_____
Sign	_____	_____	_____
Water tap	_____	_____	_____
Sewer Tap	_____	_____	_____
Temp. Water	_____	_____	_____
Temp. Elec.	_____	_____	_____

Additional struc. _____ hrs
 plan review _____ hrs
 Total Fees..... 18.00
 Less Min. Fees Pd. 8-10-92 18.00
 date
 Balance Due..... 0