

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: 747

DATE ISSUED: 08-13-01

ISSUED BY: SKE

JOB LOCATION: 1044 SCOTT ST

EST. COST: 5100.00

LOT #:

SUBDIVISION NAME:

OWNER: REED, CRYSTAL
ADDRESS: 1044 SCOTT ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-3853

AGENT: CLEAR CHOICE W&P INC
ADDRESS: 1028 OTTOKEE ST
CSZ: WAUSEON, OH 43567
PHONE: 419-335-2323

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: X REMODEL:

WORK INFORMATION

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

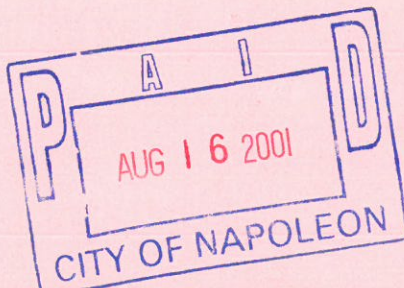
WORK DESCRIPTION
ENCLOSE PORCH

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		49.00

TOTAL FEES DUE 49.00

DATE

APPLICANT SIGNATURE



CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 747

DATE ISSUED: 08-13-2001

JOB LOCATION: 1044 SCOTT ST

OWNER: REED, CRYSTAL

OWNER PHONE: 419-599-3853

CONTRACTOR: CLEAR CHOICE W&P INC

CONTRACTOR PHONE: 419-335-2323

WORK DESCRIPTION: ENCLOSE PORCH

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: *Front porch enclosure (windows & door) 8-14-01*

NOTES: _____

INSPECTOR INITIALS: _____

pl already for permit

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

*DATE 8-14-01 *JOB LOCATION 1044 N. Scott St.

LOT # _____ SUBDIVISION NAME _____ *PHONE _____

*OWNER Reed Crystal
OWNER ADDRESS 1044 N. Scott St. CITY Napoleon ZIP 43545

*CONTRACTOR Clear Choice PHONE 419-337-2323

*CONTRACTOR ADDRESS 1028 OttoKee St CITY Wauseon ZIP 43567

*CONTRACTOR FAX # 419-337-3976 CELL PHONE (Opt) _____

*DESCRIPTION OF WORK TO BE PERFORMED: Install Patio Room

*ESTIMATED COST OF WORK TO BE PERFORMED: 5000.00

WORK INFORMATION

Enclose Porch

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 _____ SVSB _____ RYSB _____ Max Ht _____ & Max Cov _____ %

The 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 _____

Please complete one of these forms

AUTOMATIC COVER SHEET

DATE : AUG-22-01 THU 1:05 PM

TO :

FAX # : 14195998393

FROM : CLEAR CHOICE WNDS&PATIO

FAX # : 4193373976

2 PAGES WERE SENT

(INCLUDING THIS COVER PAGE)