

THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

Mechanical Permit

Permit Number: MC2007-2

Page 1 of 1

Printed: 1/10/2007

ADDRESS:

1059 Scott St.

Applicant

Name: Gable Heating & A/C

Address: 220 Orchard Ln

Approval Date: 1/10/2007

419-599-1176

Owners

Name: Mr. Phillip Mack

Address: 02598 Flickinger Rd

Ney, OH 43549

Phone: 419-766-0037

Contractors

Contractor Type: HVAC

Name: Gable Heating & A/C

Address: 220 Orchard Ln

Napoleon, OH 43545

Phone: 419-599-1176

Fees and Receipts:

Number	Description	Amount
FEE2007-31	replacing a/c or furnace	\$5.00

Total Fees: \$5.00

RCPT2007-27		\$5.00
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Total Receipts: \$5.00

replacing furnace

APPLICANTS SIGNATURE: *Randy E Gable*

DATE: 1-10-07

REMINDER: YOU MUST CALL (419)592-4010 FOR AN INSPECTION

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMOLITIONS, REMODELING.

DATE: 1-10-09 JOB LOCATION: 1059 N Scott

OWNER: Phillip Mack PHONE: 419-766-0037 (Sam)

OWNER ADDRESS: 02598 Flickinger Rd CITY: Wey, OH ZIP: 43549

CONTRACTOR: Gable Htg & A/C

PHONE #: 419-5994176 CELL PHONE# _____

CONTRACTOR LICENSED WITH THE CITY OF NAPOLEON?: YES NO:

Is any of the above job going to be subcontracted out? Yes No:

If yes to whom: _____

DESCRIPTION OF WORK TO BE PERFORMED: Replace furnace

ESTIMATED COMPLETION DATE: 1-10-09

PLEASE MARK THE TYPE OF WORK YOU WILL BE PERFORMING

- | | |
|---|---|
| <input type="checkbox"/> A/C ADD ON | <input type="checkbox"/> REMODELING |
| <input type="checkbox"/> BOILER REPLACEMENT | <input type="checkbox"/> ROOFING |
| <input type="checkbox"/> CURBING | <input type="checkbox"/> SEWER REPAIRS** |
| <input type="checkbox"/> DECKS * | <input type="checkbox"/> SIDEWALK* |
| <input type="checkbox"/> DRIVEWAY* | <input type="checkbox"/> SIDING |
| <input type="checkbox"/> ELECTRICAL SERVICE UPGRADE | <input type="checkbox"/> STORAGE SHED* |
| <input type="checkbox"/> ELECTRICAL SERVICE NEW | <input type="checkbox"/> SWIMMING POOL* |
| <input type="checkbox"/> FENCE* | <input checked="" type="checkbox"/> FURNACE REPLACEMENT |
| <input type="checkbox"/> ADDITIONS* | <input type="checkbox"/> TEMP ELECTRIC |
| <input type="checkbox"/> FURNACE NEW | <input type="checkbox"/> WATER TAP (size _____") |
| <input type="checkbox"/> LAWN METER | <input type="checkbox"/> WINDOWS |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ZONING |

*PLEASE INCLUDE A PICTURE SHOWING MEASUREMENTS FROM EXISTING STRUCTURES AND PROPERTY LINES. INDICATING THE TYPE OF WORK YOU WISH TO PERFORM.

** IF WORK REQUIRES GOING INTO THE STREET A STREET BOND IS REQUIRED!

FOR PERMIT COSTS PLEASE FILL OUT REVERSE SIDE.

**THE CITY OF NAPOLEON
BUILDING & ZONING DEPARTMENT
255 W. RIVERVIEW
(419)592-4010**



Inspections

Address: 1059 Scott St.

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Printed: 2/5/2007

Applicant: Gable Heating & A/C

Permit Number: MC2007-2

Inspection Date: 2/5/2007
Inspection Number: INSP2007-21
Inspection Type: Mechanical Final

Inspector: Tom Zimmerman
Status: Complete
Passed?

Required Steps:

Comments:

Other Fields: