

PERMIT

City of Napoleon
255 W. Riverview
Napoleon, OH 43545

Division of Building and Zoning
PH (419) 592-4010
FAX (419) 599-8393

Permit No: 002490

Date Issued: 12-10-04

Issued by: MBS

Job Location: 1232 SCOTT ST

Est. Cost: 2880.00

Lot #:

Subdivision Name:

Owner: KINDER KAMPUS DAY CARE
Address: 1232 SCOTT ST
CSZ: NAPOLEON, OH 43545
Phone: 419-599-8386

Agent: SEIGMAN SIDG & WIN
Address: 15282 HARRIS RD
CSZ: DEFIANCE, OH 43512
Phone: 419-395-1150

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:
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WORK INFORMATION

Size - Lgth:	Width:	Stories:	Living Area SF:
Garage Area SF:	Height:	Bldg Vol Demo Permit:	

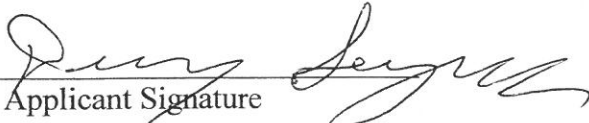
WORK DESCRIPTION

REPLACING 6 WINDOWS & RETRIM

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		11.00

Total Fees Due 11.00

Date


Applicant Signature

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

DATE: _____ JOB LOCATION: _____

OWNER: Linda Arcequin PHONE: _____

OWNER ADDRESS: 1232 N. Scott CITY: Nap ZIP: _____

CONTRACTOR: Scigman's Siding & Window Spec. PHONE: 419-284-6686

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

DESCRIPTION OF WORK TO BE PERFORMED: replace 6 windows & retain

ESTIMATED COST OF WORK TO BE PERFORMED: 2880.⁰⁰

PLEASE MARK THE TYPE OF WORK YOU WILL BE PERFORMING

- | | |
|---|--|
| <input type="checkbox"/> A/C ADD ON | <input checked="" 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"/> SIGN |
| _____ # of new circuits | <input type="checkbox"/> STORAGE SHED* |
| <input type="checkbox"/> ELECTRICAL SERVICE NEW | <input type="checkbox"/> STREET BOND |
| _____ # of circuits | <input type="checkbox"/> SWIMMING POOL* |
| <input type="checkbox"/> FENCE* | <input type="checkbox"/> TEMP ELECTRIC |
| <input type="checkbox"/> ADDITIONS* | <input type="checkbox"/> WATER TAP |
| <input type="checkbox"/> FURNACE REPLACEMENT | <input checked="" type="checkbox"/> WINDOWS |
| <input type="checkbox"/> FURNACE NEW | <u>6</u> # of windows |
| <input type="checkbox"/> LAWN METER | <input type="checkbox"/> ZONING |
| <input type="checkbox"/> PLUMBING | |
| <input type="checkbox"/> OTHERS: _____ | |

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

\$ 11⁰⁹