

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

255 West Riverview Avenue, Napoleon, Ohio 43545 - 419-592-4010

Permit No. 02321 Issued 5-31-91
date

Job Location 831 North Scott St.
address

Lot 1 Park Addition
sub-div or legal discript

Issued By Brent N. Damman
building official

Owner Larry Hilvers 599-9597
name tel.

Address 831 North Scott St.

Agent Fred Weber 274-5282
builder-eng.-etc. tel.

Address E-972, Co.Rd. 11, Hamler, OH

Description of Use Residential

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel XX

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ _____

| FEES | BASE | PLUS | TOTAL |
|----------------------------------------------|-------------------------|------------------------|----------|
| <input checked="" type="checkbox"/> BUILDING | \$ 9.00 | \$ 9.00 | \$ 18.00 |
| <input type="checkbox"/> ELECTRICAL | | | |
| <input type="checkbox"/> PLUMBING | | | |
| <input type="checkbox"/> MECHANICAL | | | |
| <input type="checkbox"/> DEMOLITION | | | |
| <input type="checkbox"/> ZONING | | | |
| <input type="checkbox"/> SIGN | | | |
| <input type="checkbox"/> WATER TAP | | | |
| <input type="checkbox"/> SEW. INSP. | | | |
| <input type="checkbox"/> SEWER TAP | | | |
| <input type="checkbox"/> TEMP. WATER | | | |
| <input type="checkbox"/> TEMP. ELECT. | | | |
| ADDITIONAL PLAN REVIEW | Struct. _____ hrs _____ | Elect. _____ hrs _____ | |
| TOTAL FEES..... | | | \$ 18.00 |
| LESS MIN. FEES PAID _____ | | | |
| | | | date |
| BALANCE DUE..... | | | \$ 18.00 |

ZONING INFORMATION

| district | lot dimensions | area | front yd | side yds | rear yd |
|----------|----------------|---------------|-----------|--------------------------|-----------|
| C | irregular | | 25' | 5' | 15' |
| max hgt | no pkg spaces | no ldg spaces | max cover | petition or appeal req'd | date appr |
| 35' | 2 per | | 45% | | |

WORK INFORMATION:

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

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

Electrical: _____
brief description

Plumbing: _____
brief description

Mechanical: _____
brief description

Sign: _____ Dimensions _____ Sign Area _____
type

Additional Information: Install two (2) new windows.

PAID

Date 6-11-91 Applicant Signature owner-agent

JUN 13 1991
CITY OF NAPOLEON

APPLICATION
for
RESIDENTIAL BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, PERMITS and DEMOLITION PERMIT
from the

CITY OF NAPOLEON - BUILDING DEPARTMENT

Entry No. _____ 255 West Riverview Ave. Napoleon, Ohio 43545 Pn. 419-592-4010

Permit No. 02321 Issued 5-31-91

Job Location 831 W. Scott

Lot 1 Park Addition
sub-div. or legal disc.

Issued By B.W.
building official

Owner Larry Hilvers Pn 599-9597

Address 831 W. Scott Napoleon

Agent Fred Weber Pn 274-5282

Address E-972 Co. Rd. 11 Hambr Oh

Description of Use Residential

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel X

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 1900.00

ZONING INFORMATION

| district | lot dimensions | area | front yd | side yds. | rear yd |
|------------|--------------------|---------------|-------------|---------------------------|-----------|
| <u>C</u> | <u>186' x 100'</u> | | <u>33</u> | <u>5</u> | <u>15</u> |
| max hgt | no pkg spaces | no ldg spaces | max cover | petition or appeal req'd. | date appr |
| <u>33'</u> | <u>2</u> | | <u>A-20</u> | | |

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: install 2 new windows

| Ck. Permits Reg. | Base | Fees Plus | Total |
|-------------------------------|-------------|-------------|--------------|
| <u>X</u> 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. plan review | | hrs | |
| Elect. | | hrs | |
| Total Fees..... | | | <u>18.00</u> |
| Less Min. Fees Pd. | | | |
| Balance Due..... | | | <u>18.00</u> |