

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

| | | | | | |
|---|--|--|-----------------|----------------|-----------------|
| Permit No. <u>3642</u> Issued <u>08/17/95</u> | | FEES | BASE | PLUS | TOTAL |
| Job Location <u>849 N. Scott</u> | | <input type="checkbox"/> Building | \$ _____ | \$ _____ | \$ _____ |
| Lot _____ | | <input checked="" type="checkbox"/> Electrical | \$ <u>15.00</u> | \$ <u>3.00</u> | \$ <u>18.00</u> |
| Issued by <u>Brent N. Damman</u> | | <input type="checkbox"/> Plumbing | \$ _____ | \$ _____ | \$ _____ |
| Owner <u>Bruce Buenger</u> | | <input type="checkbox"/> Mechanical | \$ _____ | \$ _____ | \$ _____ |
| Address <u>D-012 Rd. 10A Hamler, OH</u> | | <input type="checkbox"/> Demolition | \$ _____ | \$ _____ | \$ _____ |
| Agent <u>Gustwiler Electric 782-7662</u> | | <input type="checkbox"/> Zoning | \$ _____ | \$ _____ | \$ _____ |
| Address <u>1822 Spruce St. Defiance, OH</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 _____ | | <input type="checkbox"/> Sewer Tap | \$ _____ | \$ _____ | \$ _____ |
| New _____ Replacement <u>X</u> | | <input type="checkbox"/> Temp. Water | \$ _____ | \$ _____ | \$ _____ |
| Add'n. _____ Alter _____ Remodel _____ | | <input type="checkbox"/> Temp. Elec. | \$ _____ | \$ _____ | \$ _____ |
| Fixed Occupancy _____ | | TOTAL FEES..... | | | \$ <u>18.00</u> |
| Change of Occupancy _____ | | LESS FEES PAID..... | | | \$ <u>18.00</u> |
| Estimated Cost \$ <u>700.00</u> | | BALANCE DUE..... | | | \$ <u>-0-</u> |

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) _____

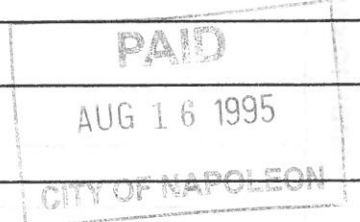
Electrical: 200 amp ~~xxx~~ service upgrade

Plumbing: _____

Mechanical: _____

Additional Information: _____

Date 8-17-95 Applicant Signature *Deane Gustwiler*



APPLICATION FOR

Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit
FROM - The City of Napoleon, Ohio, Building Department
 255 West Riverview Avenue; P.O. Box 151; Napoleon, Ohio 43545 - Telephone (419) 592-4010

ENTRY NO. _____
 PERMIT NO. 3642 ISSUED 8-17-95
 JOB LOCATION 849 N. Scott
 LOT _____
 (Subdivision or Legal Description)
 ISSUED BY BMD
 (Building Official)

OWNER Duane Bungee PHONE _____
 ADDRESS D-012 Rd. 10A Hamler
 AGENT Justus Eber PHONE 782-6762
 ADDRESS 1822 Spruce St. Defiance

USE: Residential () Commercial () Industrial
 () Other _____
 WORK: () New () Addition Replacement () Remodel

ESTIMATED COST = \$ 700.00

| | <u>Base</u> | <u>Plus</u> | <u>Total</u> |
|--|-----------------|----------------|-----------------|
| () Building | \$ _____ | \$ _____ | \$ _____ |
| <input checked="" type="checkbox"/> Electrical | \$ <u>15.00</u> | \$ <u>3.00</u> | \$ <u>18.00</u> |
| () Plumbing | \$ _____ | \$ _____ | \$ _____ |
| () Mechanical | \$ _____ | \$ _____ | \$ _____ |
| () Demolition | \$ _____ | \$ _____ | \$ _____ |
| () Zoning | \$ _____ | \$ _____ | \$ _____ |
| () Sign | \$ _____ | \$ _____ | \$ _____ |
| () Water Tap | \$ _____ | \$ _____ | \$ _____ |
| () Sewer Tap | \$ _____ | \$ _____ | \$ _____ |
| () Temp Water | \$ _____ | \$ _____ | \$ _____ |
| () Temp Elec. | \$ _____ | \$ _____ | \$ _____ |

Additional Structure _____ Hours _____
 Plan Review: Electric _____ Hours _____

TOTAL FEES \$ 18.00
 Less Fees Paid \$ _____
 BALANCE DUE \$ _____

ZONING INFORMATION

| District | Lot Dimensions | Area | Front Yard | Side Yard | Rear Yard |
|----------|----------------|------|------------|-----------|-----------|
|----------|----------------|------|------------|-----------|-----------|

| Max Height | No. Pkg. Spaces | No. Ldg. Spaces | Max Cover | Petition or Appeal Required-Date |
|------------|-----------------|-----------------|-----------|----------------------------------|
|------------|-----------------|-----------------|-----------|----------------------------------|

WORK INFORMATION

Building: Ground Floor Area _____ sq. ft. Basement Floor Area _____ sq. ft.
 Garage Floor Area _____ sq. ft. 2nd Floor Area _____ sq. ft. Other _____ sq. ft.
 Size: Length _____ Width _____ Stories _____ Height _____
 Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: 200 amp service upgrade

