

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: 99362

DATE ISSUED: 10-04-99

ISSUED BY: BND

JOB LOCATION: 904 SCOTT ST

EST. COST: 2600.00

LOT #:

SUBDIVISION NAME:

OWNER: SPEEDWAY SUPER
ADDRESS: P.O BOX 1500
CSZ: SPRINGFILED, OH 45501
PHONE: 937-322-1873

AGENT: MCNERNEY & SON
ADDRESS: 6970 MCNERNEY RD
CSZ: OREGON, OH 43619
PHONE: 419-666-0200

USE TYPE - RESIDENTIAL:

OTHER:

ZONING INFORMATION

DIST: LOT DIM: AREA: FYRD: 25 SYRD: 10 RYRD: 10
MAX HT: # PKG SPACES: # LOADING SP: MAX LOT COV:

BOARD OF ZONING APPEALS:

WORK TYPE - NEW: REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

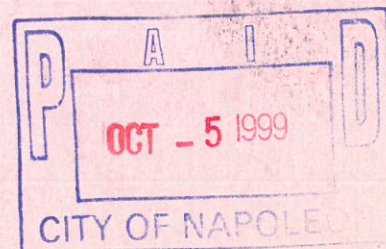
WORK DESCRIPTION
STORAGE SHED 8X8

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		3.00

TOTAL FEES DUE 3.00

DATE

APPLICANT SIGNATURE



CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

*DATE 9/29/99 *JOB LOCATION ⁹⁰⁴ Speedway Scott St. + Railroad St. Napoleon, OH

LOT # _____ SUBDIVISION NAME _____

*OWNER Speedway Super America LLC *PHONE (937) 322-1873 x107

*OWNER ADDRESS P.O. Box 1500 *CITY Springfield, Oh ZIP 45501

*CONTRACTOR Mc Nerney + Son *PHONE (419) 666-0200

*CONTRACTOR ADDRESS 6970 Mc Nerney Rd *CITY Northwood, Oh ZIP 43619

*CONTRACTOR FAX # (419) 666-9500 CELL PHONE (Opt.) _____

*DESCRIPTION OF WORK TO BE PERFORMED: Extend existing concrete slab 2 ft. x 10 ft. furnish and install 8 ft. x 8 ft. storage shed

*ESTIMATED COST OF WORK TO BE PERFORMED: \$2600.00

WORK INFORMATION

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 8 ft. *Width 8 ft. *Stories 1 *Height _____ DEMO VOL _____

Masonry Contractor None Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Electrical Contractor None Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Plumbing Contractor None Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Heating Contractor None Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Insulation Contractor None Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Other Contractor attach information.

ZONING INFORMATION (to be completed by City): District _____ Lot Dimensions
Lot Area _____ FRSB _____ SYSB 10' RYSB 10' Max Ht 18' ft Max Cov _____ %

I by 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 David Raybon *Date 9/29/99