

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

Permit No. <u>3591</u> Issued <u>06/27/95</u> Job Location <u>1014 N. Sheffield</u> Lot _____ Issued by <u>Brent N. Damman</u> Owner <u>John Hoover</u> Address <u>1024 N. Sheffield</u> Agent <u>Damman P & H 758-3116</u> Address <u>N-033 Rd 17D Okolona, OH</u> Use Type - Residential <u>X</u> Other - Describe _____ No. Dwelling Units _____ New _____ Replacement _____ Add'n. <u>X</u> Alter _____ Remodel _____ Mixed Occupancy _____ Change of Occupancy _____ Estimated Cost \$ <u>1861.00</u>	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">FEES</th> <th style="text-align: right;">BASE</th> <th style="text-align: right;">PLUS</th> <th style="text-align: right;">TOTAL</th> </tr> <tr> <td><input type="checkbox"/> Building</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Electrical</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ 6.00</td> <td style="text-align: right;">\$ 6.00</td> </tr> <tr> <td><input type="checkbox"/> Plumbing</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Mechanical</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ 5.00</td> <td style="text-align: right;">\$ 5.00</td> </tr> <tr> <td><input type="checkbox"/> Demolition</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Zoning</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Sign</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Water Tap</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Sew. Insp.</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Sewer Tap</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Temp. Water</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Temp. Elec.</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL FEES.....</td> <td style="text-align: right;">\$ 11.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">LESS FEES PAID.....</td> <td style="text-align: right;">\$ 11.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">BALANCE DUE.....</td> <td style="text-align: right;">\$ -0-</td> </tr> </table>	FEES	BASE	PLUS	TOTAL	<input type="checkbox"/> Building	\$ _____	\$ _____	\$ _____	<input checked="" type="checkbox"/> Electrical	\$ _____	\$ 6.00	\$ 6.00	<input type="checkbox"/> Plumbing	\$ _____	\$ _____	\$ _____	<input checked="" type="checkbox"/> Mechanical	\$ _____	\$ 5.00	\$ 5.00	<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. Elec.	\$ _____	\$ _____	\$ _____	TOTAL FEES.....			\$ 11.00	LESS FEES PAID.....			\$ 11.00	BALANCE DUE.....			\$ -0-
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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: _____
 Plumbing: _____
 Mechanical: _____

Additional Information: Add on A/C

Date _____ Applicant Signature Mary Clapp

