

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: 480

DATE ISSUED: 02-07-01

ISSUED BY: MBS

JOB LOCATION: 121 SHEFFIELD AVE

EST. COST: 8170.00

LOT #:

SUBDIVISION NAME:

OWNER: HOPE SERVICES
ADDRESS: 115 NORTHCREST DR
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-2892

AGENT: ELLERBROCK HTG & A/C
ADDRESS: 13055 DOHONEY RD
CSZ: DEFIANCE, OH 43512
PHONE: 419-782-1834

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: X REPLMNT: X ADD'N: X ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION

REPLACE FURNACE, ADD A/C, NEW WATER HEATER

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

MECHANICAL PERMIT
ELECTRICAL PERMIT

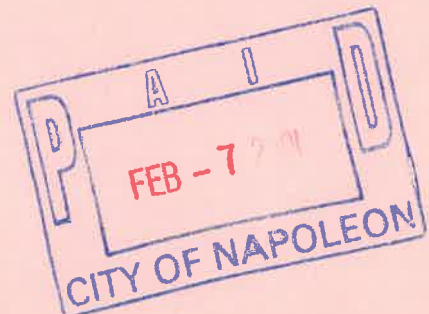
15.00
6.00

TOTAL FEES DUE 21.00

2-7-2001

DATE

Ray Ellerbrock
APPLICANT SIGNATURE



CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 2-7-01 JOB LOCATION 121 Sheffield Napoleon

LOT # _____ SUBDIVISION NAME _____

OWNER Hope Services PHONE (419) 599-2892

OWNER ADDRESS 115 Northcrest CITY Napoleon ZIP 43545

CONTRACTOR _____ PHONE _____

CONTRACTOR ADDRESS _____ CITY _____ ZIP _____

CONTRACTOR FAX # Hope Services fax # (419) 592-5828 CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: replace furnace - add on A/C - replace water heater

ESTIMATED COST OF WORK TO BE PERFORMED: \$ 8170

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 _____ Width _____ Stories _____ Height _____ DEMO VOL _____

Masonry Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Electrical Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Plumbing Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Heating Contractor Ellerbrock's Heating + A/C Phone (419) 782-1834 Fax (419) 782-7919
Address 13055 Deborah Rd City Defiance St DH Zip 43512

Insulation Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Other Contractor attach information.

ZONING INFORMATION (to be completed by City): District _____ Lot Dimensions _____
Lot Area _____ FRSB _____ SYSB _____ RYSB _____ Max Ht _____ 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 [Signature] Date 2-7-01