

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: 141 DATE ISSUED: 05-30-00 ISSUED BY: BND
JOB LOCATION: 620 SHEFFIELD AVE EST. COST: 5311.00

LOT #: SUBDIVISION NAME:
OWNER: LYNE, LARRY AGENT: DAMMAN PLEG & HTG
ADDRESS: 620 SHEFFIELD AVE ADDRESS: N-033 CO RD 17D
CSZ: NAPOLEON, OH 43545 CSZ: OKOLONA, OH 43550
PHONE: 419-599-8210 PHONE: 419-758-3116

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: REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

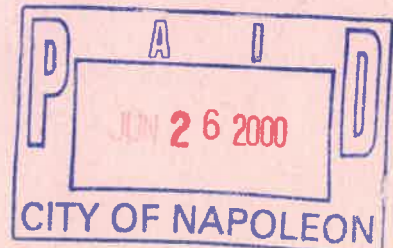
WORK DESCRIPTION
FURANCE REPLACE ADD ON A/C

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
MECHANICAL PERMIT		10.00
ELECTRICAL PERMIT		6.00

TOTAL FEES DUE 16.00

DATE

APPLICANT SIGNATURE



Please complete this form for each job.

Fill areas marked *

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

* DATE 5/30/2000 * JOB LOCATION 620 Sheffield

LOT # _____ SUBDIVISION NAME _____

* OWNER Lary Lyne * PHONE _____

* OWNER ADDRESS 620 Sheffield * CITY _____ * ZIP _____

* CONTRACTOR Damman Plbg, Htg & AC * PHONE 758-3116

* CONTRACTOR ADDRESS N-033 Co Rd 1740 * CITY Kolona * ZIP 43550

CONTRACTOR FAX # 758-3115 CELL PHONE (Opt.) _____

* DESCRIPTION OF WORK TO BE PERFORMED: _____

* ESTIMATED COST OF WORK TO BE PERFORMED: \$ 5,311.00

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 _____ 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 _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

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 _____ Max Cov _____ %

I, the undersigned, hereby agree to comply with all applicable City Ordinances and Codes (including the Uniform Code of 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 department of the City of Napoleon.

* Applicant Signature Jessica M. Kinder * Date 5/30/2000