

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: 98227

DATE ISSUED: 07-16-98

ISSUED BY: BND

JOB LOCATION: 1037 STEVENSON ST

EST. COST: <sup>7200.00</sup>  
*Lucas Bnd*

LOT #:

*number*  
SUBDIVISION NAME:

OWNER: THEIL, EDITH  
ADDRESS: 1037 STEVENSON ST  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-0742

AGENT: KEVINS PLBG & HTG IN  
ADDRESS: 806 STRYKER ST  
CSZ: ARCHBOLD, OH 43502  
PHONE: 419-445-4715

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

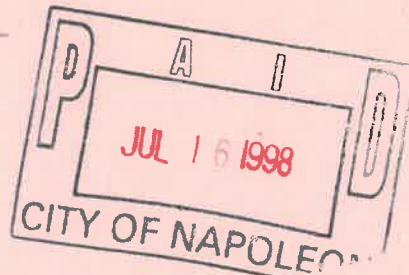
PLUMBING & ADD ON A/C

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
PLUMBING PERMIT		9.00
MECHANICAL PERMIT		5.00

TOTAL FEES DUE 14.00

*16 July 98*  
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DATE

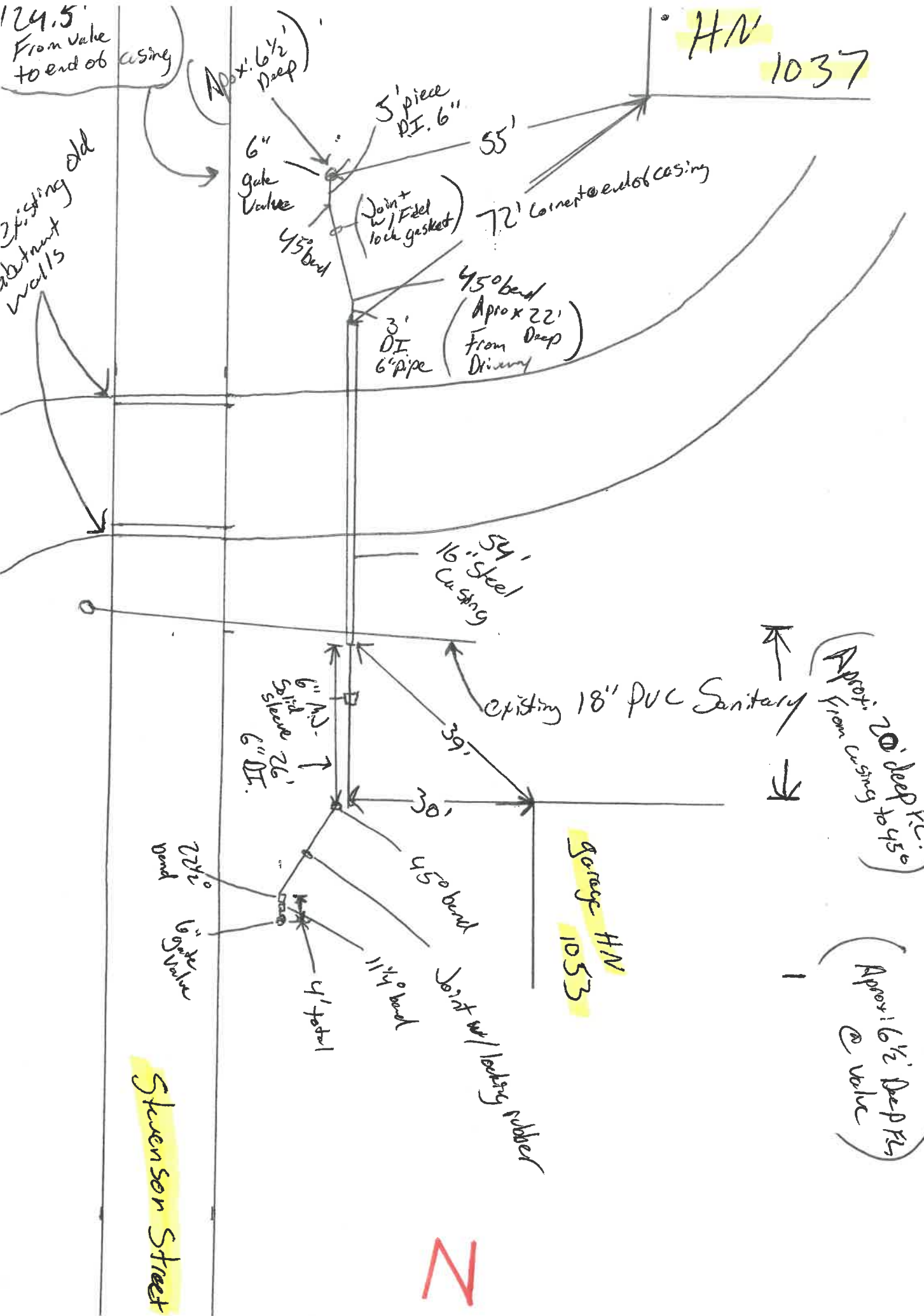
*Edith E. Theil*  
*Hannay Theil P.O.A.*  
-----  
APPLICANT SIGNATURE



124.5'  
From Valve  
to end of casing

HN 1037

Existing old  
abutment  
walls



N

**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. \_\_\_\_\_ ISSUED \_\_\_\_\_

JOB LOCATION 1037 STEVENSON ST.

LOT \_\_\_\_\_  
 (Subdivision or Legal Description) Manx Dodd Addn

ISSUED BY \_\_\_\_\_  
 (Building Official)

OWNER Edith E. Thiel PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

X AGENT Kathy Thiel P.O.A. PHONE 592-0742

X ADDRESS 1037 STEVENSON ST. Napoleon.

USE: ( ) Residential ( ) Commercial ( ) Industrial  
 ( ) Other \_\_\_\_\_

WORK: ( ) New ( ) Addition ( ) Replacement ( ) Remodel

ESTIMATED COST = \$ 7200.00

	<u>Base</u>	<u>Plus</u>	<u>Total</u>
( ) Building	\$ _____	\$ _____	\$ _____
( ) Electrical	\$ _____	\$ _____	\$ _____
(X) Plumbing	\$ <u>9.00</u>	\$ _____	\$ _____
(X) Mechanical	\$ <u>5.00</u>	\$ _____	\$ _____
( ) Demolition	\$ _____	\$ _____	\$ _____
( ) Zoning	\$ _____	\$ _____	\$ _____
( ) Sign	\$ _____	\$ _____	\$ _____
( ) Water Tap	\$ _____	\$ _____	\$ _____
( ) Sewer Tap	\$ _____	\$ _____	\$ _____
( ) Temp Water	\$ _____	\$ _____	\$ _____
( ) Temp Elec.	\$ _____	\$ _____	\$ _____

Additional Plan Review: Structure \_\_\_\_\_ Hours \_\_\_\_\_  
 Electric \_\_\_\_\_ Hours \_\_\_\_\_

TOTAL FEES . . . . .	\$ <u>14.00</u>
Less Fees Paid . . . . .	\$ _____
BALANCE DUE . . . . .	\$ _____

**ZONING INFORMATION**

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard
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Max Height	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required-Date
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**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: Plumbing remodel, + AC add on