

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: 98162

DATE ISSUED: 06-04-98

ISSUED BY: MBS

JOB LOCATION: 1068 STEVENSON ST

EST. COST: 6500.00

LOT #:

SUBDIVISION NAME:

OWNER: TAYLOR DUSTIN
ADDRESS: 1068 STEVENSON ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-3326

AGENT: GALAXIE CONTRUCTION
ADDRESS: 801 PUTNAM ST
CSZ: FINDLAY, OH 45840
PHONE: 419-424-8837

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: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION

NEW VINYL SIDING AND REPLACEMENT WINDOWS

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

BUILDING PERMIT

06-05-98

51.00

TOTAL FEES DUE

51.00

DATE

David Turner

APPLICANT SIGNATURE

6/17-98

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 1068 Stevenson

LOT _____
(Subdivision or Legal Description)

ISSUED BY _____
(Building Official)

OWNER Dustin Taylor **PHONE** 592-3326

ADDRESS 1068 Stevenson

AGENT Galaxie Const **PHONE** 419-424-8939

ADDRESS 616 N. Blanchard St Findlay Ohio

USE: Residential Commercial Industrial
 Other _____

WORK: New Addition Replacement Remodel

ESTIMATED COST = \$ 6575.00

	<u>Base</u>	<u>Fees</u>	<u>Total</u>
<input type="checkbox"/> Building	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Electrical	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Plumbing	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Mechanical	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Demolition	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Zoning	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Sign	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Water Tap	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Sewer Tap	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp Water	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp Elec.	\$ _____	\$ _____	\$ _____

Additional Plan Review: Structure _____ Hours _____
Electric _____ Hours _____

TOTAL FEES \$ _____
Less Fees Paid \$ _____
BALANCE DUE \$ _____

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard

Max Height	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required-Date

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: INSTALL 7 Double Hungs & 1 Slider Type Replacement Windows, ALSO VINYL SIDING