

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: 140 DATE ISSUED: 05-30-00 ISSUED BY: BND
JOB LOCATION: 1139 STEVENSON ST EST. COST: 4147.00
LOT #: SUBDIVISION NAME:

OWNER: RAUGH, IRENE AGENT: DAMMAN PLBG & HTG
ADDRESS: 1139 STEVENSON ST ADDRESS: N-033 CO RD 17D
CSZ: NAPOLEON, OH 43545 CSZ: OKOLONA, OH 43550
PHONE: 419-599-3727 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

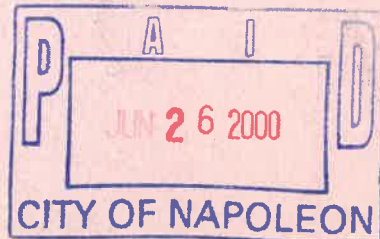
FURNACE REPLACE ADD ON A/C

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 1139 Stevenson

LOT # _____ SUBDIVISION NAME _____

* OWNER Irene Raugh * PHONE 599-3727

* OWNER ADDRESS 1139 Stevenson CITY _____ * ZIP _____

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

* CONTRACTOR ADDRESS N-033 Co. Rd 17-0 * CITY Kolona ZIP 43550

CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____

* DESCRIPTION OF WORK TO BE PERFORMED: Install Furnace, A/C + groundrod

* ESTIMATED COST OF WORK TO BE PERFORMED: \$ 4,147.00

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 _____ 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 Inspectors appointed by the City of Napoleon.

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