

# THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

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## Building Permit

Permit Number: BP2007-7

Page 1 of 1

Printed: 1/17/2007

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### ADDRESS:

# 1139 Stevenson St.

### Applicant

Name: Quillen Brothers

Address: 05627 St Rt 15

Approval Date: 1/17/2007

419-636-1303

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### Owners

Name: Ms. Irene Rauch

Address: 1139 Stevenson St

Napoleon, OH 43545

Phone: 419-599-3727

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### Contractors

Contractor Type: Builder

Name: Quillen Brothers

Address: 05627 St Rt 15

Bryan, Oh 43506

Phone: 419-636-1303

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### Fees and Receipts:

Number	Description	Amount
FEE2007-53	Windows/Doors (Auto)	\$7.00

Total Fees: \$7.00

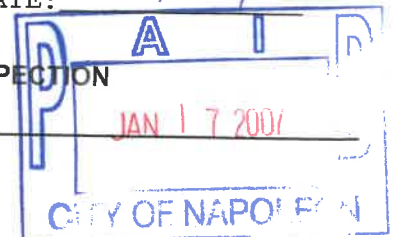
RCPT2007-48		\$7.00
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Total Receipts: \$7.00

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: 1-17-07

REMINDER: YOU MUST CALL (419)592-4010 FOR AN INSPECTION



# CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

DATE: 1-17-07 JOB LOCATION: 1139 STEVENSON

OWNER: Irene Rauch PHONE: 419-599-3727

OWNER ADDRESS: 187 Same CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTRACTOR: Quilten Bros.

PHONE #: 419 636 1303 CELL PHONE# \_\_\_\_\_

CONTRACTOR LICENSED WITH THE CITY OF NAPOLEON?: YES  NO:

Is any of the above job going to be subcontracted out? Yes  No:

If yes to whom: \_\_\_\_\_

DESCRIPTION OF WORK TO BE PERFORMED: \_\_\_\_\_

ESTIMATED COMPLETION DATE: \_\_\_\_\_

## PLEASE MARK THE TYPE OF WORK YOU WILL BE PERFORMING

- |                                                     |                                                  |
|-----------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> A/C ADD ON                 | <input type="checkbox"/> REMODELING              |
| <input type="checkbox"/> BOILER REPLACEMENT         | <input type="checkbox"/> ROOFING                 |
| <input type="checkbox"/> CURBING                    | <input type="checkbox"/> SEWER REPAIRS**         |
| <input type="checkbox"/> DECKS *                    | <input type="checkbox"/> SIDEWALK*               |
| <input type="checkbox"/> DRIVEWAY*                  | <input type="checkbox"/> SIDING                  |
| <input type="checkbox"/> ELECTRICAL SERVICE UPGRADE | <input type="checkbox"/> STORAGE SHED*           |
| <input type="checkbox"/> ELECTRICAL SERVICE NEW     | <input type="checkbox"/> SWIMMING POOL*          |
| <input type="checkbox"/> FENCE*                     | <input type="checkbox"/> FURNACE REPLACEMENT     |
| <input type="checkbox"/> ADDITIONS*                 | <input type="checkbox"/> TEMP ELECTRIC           |
| <input type="checkbox"/> FURNACE NEW                | <input type="checkbox"/> WATER TAP (size _____") |
| <input type="checkbox"/> LAWN METER                 | <input checked="" type="checkbox"/> WINDOWS      |
| <input type="checkbox"/> PLUMBING                   | <input type="checkbox"/> ZONING                  |

\*PLEASE INCLUDE A PICTURE SHOWING MEASUREMENTS FROM EXISTING STRUCTURES AND PROPERTY LINES. INDICATING THE TYPE OF WORK YOU WISH TO PERFORM.

\*\* IF WORK REQUIRES GOING INTO THE STREET A STREET BOND IS REQUIRED!

FOR PERMIT COSTS PLEASE FILL OUT REVERSE SIDE.

**THE CITY OF NAPOLEON  
BUILDING & ZONING DEPARTMENT  
255 W. RIVERVIEW  
(419)592-4010**



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**Inspections**

**Address:** 1072 Willard St.  
Napoleon, OH 43545

**Applicant:** MRI Construction

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Printed: 2/15/2007

**Permit Number:** BP2007-9

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**Inspection Date:** 2/15/2007  
**Inspection Number:** INSP2007-42  
**Inspection Type:** Building Final

**Inspector:** Tom  
**Status:** Complete  
**Passed?**

**Required Steps:**

**Comments:**

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**Other Fields:**