

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: 874

DATE ISSUED: 11-02-01

ISSUED BY: SKE

JOB LOCATION: 603 STRONG ST

EST. COST: 9300.00

LOT #:

SUBDIVISION NAME:

OWNER: GROLL, CARL
ADDRESS: 603 STRONG ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-9807

AGENT: QUILLAN BROS INC.
ADDRESS: 06902 US 27
CSZ: BRYAN, OH 43506
PHONE: 419-636-1303

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: X ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

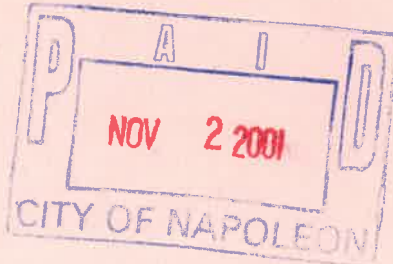
WORK DESCRIPTION
REPL WINDOWS

FEE DESCRIPTION
BUILDING PERMIT

PAID DATE

FEE AMOUNT DUE

57.00



TOTAL FEES DUE

57.00

DATE

APPLICANT SIGNATURE

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 874

DATE ISSUED: 11-02-2001

JOB LOCATION: 603 STRONG ST

OWNER: GROLL, CARL

OWNER PHONE: 419-599-9807

CONTRACTOR: QUILLAN BROS INC.

CONTRACTOR PHONE: 419-636-1303

WORK DESCRIPTION: REPL WINDOWS

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDDT _____

STRUC _____ ROOF _____ EXT _____

VENT _____ ACCES _____ EGRS _____

SMKDT _____ FINAL _____

ISSUE TEMP OCCUP _____ ISSUE OCCUP _____

STRG SHED: SITE _____ FINAL _____

SIGN: FTG _____ FINAL _____

FENCE: SITE _____ FINAL _____

MISC INSP: 11-12-01

NOTES: _____

INSPECTOR INITIALS: BND

Please complete areas marked.

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 11-1-01 JOB LOCATION 603 Strong St.

LOT # _____ SUBDIVISION NAME _____

OWNER Karl Groll PHONE 599-9807

OWNER ADDRESS 603 Strong St CITY NAPOLEON ZIP 43545

* CONTRACTOR Quillen Bros Inc. PHONE 419-636-1303

* CONTRACTOR ADDRESS 06902 U.S. 127 CITY BRYAN ZIP 43506

* CONTRACTOR FAX # 419-636-2773 CELL PHONE (Opt.) _____

* DESCRIPTION OF WORK TO BE PERFORMED: REPLACEMENT WINDOWS

* ESTIMATED COST OF WORK TO BE PERFORMED: \$9300.⁰⁰

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 _____

Hearing 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 building inspector of the City of Napoleon.

* Applicant Signature [Signature]

* Date 11/01/01

Please complete areas marked.

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DATE 11-1-01 JOB LOCATION 603 Strong St.

LOT # _____ SUBDIVISION NAME _____

OWNER Karl Groll PHONE _____

OWNER ADDRESS 603 CITY _____ ZIP _____

* CONTRACTOR _____ PHONE _____

* CONTRACTOR ADDRESS _____ CITY _____ ZIP _____

* CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____

* DESCRIPTION OF WORK TO BE PERFORMED: _____

* ESTIMATED COST OF WORK TO BE PERFORMED: _____

WORK INFORMATION

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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.

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* Applicant Signature _____ * Date _____