

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

255 West Riverview Avenue, Napoleon, Ohio 43545 - 419-592-4010

Permit No. 131-79 Issued 9-28-79
date

Job Location 619 Strong St.
address

Lot n/a
sub-div or legal discript

Issued By R.E. Johnson
building official

Owner Marcella Mohler 599-9417
name tel.

Address 925 Park St.

Agent Self
builder-eng.-etc. tel.

Address _____

Description of Use Re-side accessory bldg.

Residential xx
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel xx

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 400.00

ZONING INFORMATION

n/a

district	lot dimensions	area	front yd	side yds	rear yd
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr

WORK INFORMATION:

Size: Length 19' Width 10.5' Stories 1 Ground Floor Area 200sq'

Height _____ Building Volume (for demo. permit) _____
cu. ft.

Electrical: _____
brief description

Plumbing: _____
brief description

Mechanical: _____
brief description

Sign: _____ Dimensions _____ Sign Area _____
type

Additional Information: CALL FOR FINAL INSPECTION:

Date Oct. 1, 1979 Applicant Signature Marcella Mohler
owner-agent

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING			\$3.000
<input type="checkbox"/> ELECTRICAL			
<input type="checkbox"/> PLUMBING			
<input type="checkbox"/> MECHANICAL			
<input type="checkbox"/> DEMOLITION			
<input type="checkbox"/> ZONING			
<input type="checkbox"/> SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs		
	Elect. _____ hrs		
TOTAL FEES.....			\$3.00
LESS MIN. FEES PAID _____			0
	date		
BALANCE DUE.....			\$3.00

CITY OF NAPOLEON
BUILDING INSPECTION DEPARTMENT
APPLICATION FOR BUILDING PERMIT
(please print or type)

The undersigned hereby makes application for construction, installation, or alternation work as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Building Codes.

Location of project 619 Strong Cost of Project \$400.

Owner's Name MARCELLA MOHLER Address 925 PARK ST.

Contractor SELF Telephone No. 592-9417

Address _____

Lot Information: (not required for siding job)

Lot No. _____ Subdivision _____

Zoning District _____ Lot Size _____ ft X _____ ft. Area _____ sq. ft.

Setbacks: Front _____ Right Side _____ Left Side _____ Rear _____

Work Information:

Residential Commercial _____ Industrial _____

New Construction _____ Addition _____ Remodel

Accessory Building Siding ALUMINUM

Specific Type

Brief Description of Work: RE-Siding of 3 sides

Size: Length 19 FT. Width 10 1/2 FT No. of Stories _____

Area: 1st Floor _____ sq. ft. Basement _____ sq. ft.

2nd Floor _____ sq. ft. Accessory Building 200 sq. ft.

3rd Floor _____ sq. ft. Other _____ sq. ft.

Additional Information: _____

*APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING: ELEVATIONS, FLOOR PLANS, CROSS SECTIONS AND PLOT PLAN. IF ADDITION OR REMODELING, SHOW ALL EXISTING STRUCTURES AND THEIR SIZE AND LOCATION. ALL PLANS SHALL BE DRAWN TO SCALE.

Date Sept 27, 1979 Applicant's Signature Marcella Mohler

PERMIT NO.

131

79

3.02

