

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: 977

DATE ISSUED: 01-24-02

ISSUED BY: BND

JOB LOCATION: 1117 SYCAMORE DR

EST. COST: 1800.00

LOT #:

SUBDIVISION NAME:

OWNER: WHESTINE, BOB
ADDRESS: 1117 SYCAMORE DR
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-5385

AGENT: ELLERBROCKS HEATING
ADDRESS: 13055 DOHNEY RD
CSZ: DEFIANCE OH 43512
PHONE: 419-782-1834

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
REPLACEMENT FURNACE

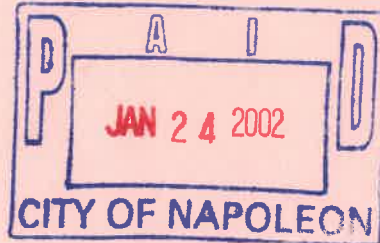
FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

MECHANICAL PERMIT

5.00



TOTAL FEES DUE

5.00

1-24-2002

DATE

Sam Ellerbork

APPLICANT SIGNATURE

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 977

DATE ISSUED: 01-24-2002

JOB LOCATION: 1117 SYCAMORE DR

OWNER: WHESTINE, BOB

OWNER PHONE: 419-592-5385

CONTRACTOR: ELLERBROCK HTG & A/C

CONTRACTOR PHONE: 419-782-1834

WORK DESCRIPTION: REPLACEMENT FURNACE

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC 1-25-02 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: _____

NOTES: _____

INSPECTOR INITIALS: BNA

#977

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 1-24-02 JOB LOCATION 1117 Sycamore St.

LOT # _____ SUBDIVISION NAME _____

OWNER Bob Whetstone PHONE (419) 592-5385

OWNER ADDRESS 1117 Sycamore St. CITY Napoleon ZIP 43545

CONTRACTOR Ellerbrocks Heating + A/C PHONE (419) 782-1834

CONTRACTOR ADDRESS 13055 Dohoney Rd. CITY Defiance ZIP 43512

CONTRACTOR FAX # (419) 782-7919 CELL PHONE (Opt.) (419) 769-0946

DESCRIPTION OF WORK TO BE PERFORMED: Install furnace - 75000 btu Downflow

ESTIMATED COST OF WORK TO BE PERFORMED: _____

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 SAA 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 _____ Date 1-24-02