

# THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

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## Mechanical Permit

Permit Number: MC2007-27

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Printed: 8/7/2007

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### ADDRESS:

## 205 Sycamore Dr

### Applicant

Name: Elling Plumbing & Heating

Address: T 487 ST HWY 108

Approval Date: 6/5/2007

419-598-8991

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### Owners

Name: Mr. Kevin Milius

Address: 205 Sycamore

Napoleon, OH 43545

Phone: 419-592-5272

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### Contractors

Contractor Type: HVAC

Name: Elling Plumbing & Heating

Address: T 487 ST HWY 108

Napoleon, OH 43545

Phone: 419-598-8991

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### Fees and Receipts:

Number	Description	Amount
FEE2007-314	replacing a/c or furnace	\$5.00
FEE2007-315	State 1% fee (Calc)	\$0.05

Total Fees: \$5.05

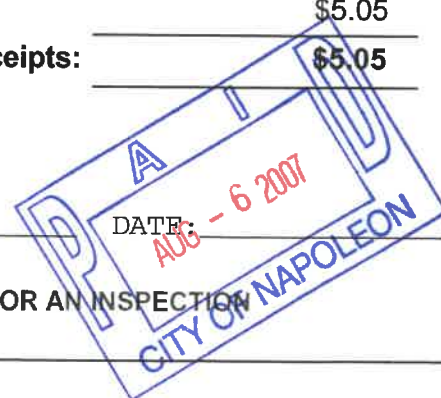
RCPT2007-348 \$5.05

Total Receipts: \$5.05

furnace replacement

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

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.



OWNER: KEVIN MILIUS PHONE: 592 5272

OWNER ADDRESS: 205 SYCAMORE CITY: NAPOLEON ZIP: \_\_\_\_\_

CONTRACTOR: ELLING PLB+HTG PHONE: 599-8991

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

DESCRIPTION OF WORK TO BE PERFORMED: FURNACE REPLACE

### 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 checked="" 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 type="checkbox"/> WINDOWS                        |
| <input type="checkbox"/> PLUMBING                   | <input type="checkbox"/> ZONING                         |

\*PLEASE INCLUDE \_\_\_\_\_ AND PROPERTY \_\_\_\_\_

\*\* IF WORK R \_\_\_\_\_

FROM EXISTING STRUCTURES OR WORK YOU WISH TO PERFORM.

TREET BOND IS REQUIRED!

REVERSE SIDE.

*Final This when They Pay inspected G-G-07 T2*