

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: 1327 DATE ISSUED: 09-17-02 ISSUED BY: MRD
JOB LOCATION: 207 SYCAMORE DR EST. COST: 2000.00

LOT #: SUBDIVISION NAME:

OWNER: HELMS, SAM AGENT: SELF
ADDRESS: 207 SYCAMORE DR ADDRESS:
CSZ: NAPOLEON, OH 43545 CSZ:
PHONE: 419-592-9510 PHONE:

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: ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION
REPLACE DRIVEWAY

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		25.00

TOTAL FEES DUE 25.00

Sept 20-02

DATE

Samuel Helms

APPLICANT SIGNATURE



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: 1327

DATE ISSUED: 09-17-02

ISSUED BY: MRD

JOB LOCATION: 207 SYCAMORE DR

EST. COST: 2000.00

LOT #:

SUBDIVISION NAME:

OWNER: HELMS, SAM
ADDRESS: 207 SYCAMORE DR
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-9510

AGENT: SELF
ADDRESS:
CSZ:
PHONE:

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: ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION
REPLACE DRIVEWAY

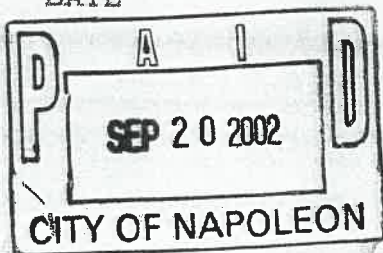
*Foot Print
CHANGE? NO
SITE
PLAN*

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		25.00

TOTAL FEES DUE 25.00

Sept 20-02
DATE

Samuel Helms
APPLICANT SIGNATURE



25.00
Right of Way

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE _____ JOB LOCATION 207 SYCAMORE

LOT # _____ SUBDIVISION NAME _____

OWNER SAM HELMS PHONE 419-592-9510

OWNER ADDRESS 207 SYCAMORE CITY _____ ZIP _____

CONTRACTOR SELF PHONE _____

CONTRACTOR ADDRESS _____ CITY _____ ZIP _____

CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: REPLACE DRIVEWAY

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 _____ 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 _____

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1327

DATE ISSUED: 09-17-2002

JOB LOCATION: 207 SYCAMORE DR

OWNER: HELMS, SAM

OWNER PHONE: 419-592-9510

CONTRACTOR: SELF

CONTRACTOR PHONE:

WORK DESCRIPTION: REPLACE DRIVEWAY

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: _____

NOTES: _____

INSPECTOR INITIALS: _____