

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: 390

DATE ISSUED: 10-26-00

ISSUED BY: BND

JOB LOCATION: 207 SYCAMORE DR

EST. COST: 3000.00

LOT #:

SUBDIVISION NAME:

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

AGENT: VONDEYLEN PLBG & HTG  
ADDRESS: 116 E CLINTON ST  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-4756

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

FURNACE REPLACEMENT

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

MECHANICAL PERMIT

5.00

TOTAL FEES DUE

5.00

DATE

APPLICANT SIGNATURE



**APPLICATION FOR**

Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit

FROM - The City of Napoleon, Ohio, Building Department

255 West Riverview Avenue; P.O. Box 151; Napoleon, Ohio 43545 - Telephone (419) 592-4010

ENTRY NO. _____		<u>Base</u>	<u>Plus</u>	<u>Total</u>
PERMIT NO. _____ ISSUED _____	( ) Building	\$ _____	\$ _____	\$ _____
JOB LOCATION <u>207 Sycamore</u>	( ) Electrical	\$ _____	\$ _____	\$ _____
LOT _____ (Subdivision or Legal Description)	( ) Plumbing	\$ _____	\$ _____	\$ _____
ISSUED BY _____ (Building Official)	( ) Mechanical	\$ <u>5.00</u>	\$ _____	\$ <u>5.00</u>
OWNER <u>Sam Helms</u> PHONE <u>592-9510</u>	( ) Demolition	\$ _____	\$ _____	\$ _____
ADDRESS <u>207 Sycamore Napoleon</u>	( ) Zoning	\$ _____	\$ _____	\$ _____
AGENT <u>Van Deylen Albyette</u> PHONE <u>592-4756</u>	( ) Sign	\$ _____	\$ _____	\$ _____
ADDRESS <u>116 E Clinton Napoleon</u>	( ) Water Tap	\$ _____	\$ _____	\$ _____
USE: ( <input checked="" type="checkbox"/> ) Residential ( ) Commercial ( ) Industrial	( ) Sewer Tap	\$ _____	\$ _____	\$ _____
( ) Other _____	( ) Temp Water	\$ _____	\$ _____	\$ _____
WORK: ( ) New ( ) Addition ( <input checked="" type="checkbox"/> ) Replacement ( ) Remodel	( ) Temp Elec.	\$ _____	\$ _____	\$ _____
ESTIMATED COST = \$ <u>3000</u>	Additional Structure _____ Hours _____			
	Plan Review: Electric _____ Hours _____			

TOTAL FEES . . . . .	\$ <u>5.00</u>
Less Fees Paid . . . . .	\$ <u>5.00</u>
BALANCE DUE . . . . .	\$ _____

**ZONING INFORMATION**

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard

  

Max Height	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required-Date

**WORK INFORMATION**

Building: Ground Floor Area \_\_\_\_\_ sq. ft.      Basement Floor Area \_\_\_\_\_ sq. ft.

Garage Floor Area \_\_\_\_\_ sq. ft.      2nd Floor Area \_\_\_\_\_ sq. ft.      Other \_\_\_\_\_ sq. ft.

Size: Length \_\_\_\_\_ Width \_\_\_\_\_ Stories \_\_\_\_\_ Height \_\_\_\_\_

Building Volume (for Demolition Permit) \_\_\_\_\_ cubic feet

Description of Work: New Furnace