

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: 897

DATE ISSUED: 11-09-01

ISSUED BY: SKE

JOB LOCATION: 210 SYCAMORE DR

EST. COST: 3500.00

LOT #:

SUBDIVISION NAME:

OWNER: SICLAIR, STEVE
ADDRESS: 210 SYCAMORE DR
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-1673

AGENT: RICHARD & SON CABINE
ADDRESS: 109 BROWNELL AVE
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-0753

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
REPL SIDING

210 Sycamore Dr

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		36.00

TOTAL FEES DUE 36.00

DATE

APPLICANT SIGNATURE

Richard Cabine



CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 897

DATE ISSUED: 11-09-2001

JOB LOCATION: 210 SYCAMORE DR

OWNER: SICLAIR, STEVE

OWNER PHONE: 419-599-1673

CONTRACTOR: RICHARD & SON CABINET BLRDS

CONTRACTOR PHONE: 419-592-0753

WORK DESCRIPTION: REPL SIDING

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

 SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

 FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

 SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDT _____

 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