

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: 99121

DATE ISSUED: 05-03-99

ISSUED BY: BND

JOB LOCATION: 1540 THERSHAN DR

EST. COST:

LOT #: 55

SUBDIVISION NAME: TWIN OAKS 3RD

OWNER: DUNBAR, WILLIAM
ADDRESS: 1010 W WASHINGTON ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-3478

AGENT: PRIVATE GARDENERS
ADDRESS: 303 N WALNUT ST
CSZ: BRYAN, OH 43506
PHONE: 419-636-6155

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
LAWN SPRINKLER SYSTEM

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
PLUMBING PERMIT		9.00



TOTAL FEES DUE 9.00

DATE

APPLICANT SIGNATURE

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 4-6-99 JOB LOCATION 1540 Thershan

LOT # _____ SUBDIVISION NAME _____

OWNER Bill Dunbar PHONE 419-598-3478

OWNER ADDRESS 1540 Thershan CITY Napoleon ZIP 43545

CONTRACTOR Private Gardeners PHONE 419-636-1872

CONTRACTOR ADDRESS 303 N. Walnut St. CITY Bryan ZIP 43506

CONTRACTOR FAX # 419-636-6155 CELL PHONE (Opt.) 7169-2842

DESCRIPTION OF WORK TO BE PERFORMED: Fence / landscape

ESTIMATED COST OF WORK TO BE PERFORMED: 25-30M

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 _____ FR5B _____ SY5B _____ 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 James Grooms Date 4/6/99