

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: 134 DATE ISSUED: 05-24-00 ISSUED BY: MBS
JOB LOCATION: 236 THOMAS AVE EST. COST: 2000.00

LOT #: SUBDIVISION NAME:
OWNER: FIFER, BETTY AGENT: VONDEYLEN PLBG & HTG
ADDRESS: 236 THOMAS AVE ADDRESS: 116 E CLINTON ST
CSZ: NAPOLEON, OH 43545 CSZ: NAPOLEON, OH 43545
PHONE: 419-592-1655 PHONE: 419-592-4756

USE TYPE - RESIDENTIAL: OTHER:

ZONING INFORMATION

DIST: LOT DIM: AREA: PYRD: SYRD: RYRD:
MAX HT: # PKG SPACES: # LOADING SP: MAX LOT COV:

BOARD OF ZONING APPEALS:

WORK TYPE - NEW: X REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION

ADD AC

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
MECHANICAL PERMIT		11.00

TOTAL FEES DUE 11.00

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>236 Thomas</u>	() Electrical	\$ _____	\$ <u>6.00</u>	\$ <u>6.00</u>
LOT _____	() Plumbing	\$ _____	\$ _____	\$ _____
(Subdivision or Legal Description) _____	() Mechanical	\$ <u>5.00</u>	\$ _____	\$ <u>5.00</u>
ISSUED BY _____	() Demolition	\$ _____	\$ _____	\$ _____
(Building Official) _____	() Zoning	\$ _____	\$ _____	\$ _____
OWNER <u>Betty Fifer</u> PHONE <u>592-1655</u>	() Sign	\$ _____	\$ _____	\$ _____
ADDRESS <u>236 Thomas</u>	() Water Tap	\$ _____	\$ _____	\$ _____
AGENT <u>Von Deylen Algotzky</u> PHONE <u>592-4756</u>	() Sewer Tap	\$ _____	\$ _____	\$ _____
ADDRESS <u>116 E. Clinton</u>	() Temp Water	\$ _____	\$ _____	\$ _____
USE: (<input checked="" type="checkbox"/>) Residential () Commercial () Industrial	() Temp Elec.	\$ _____	\$ _____	\$ _____
() Other _____				
WORK: (<input checked="" type="checkbox"/>) New () Addition () Replacement () Remodel				

ESTIMATED COST = \$ 2000-

Additional Structure _____ Hours _____
 Plan Review: Electric _____ Hours _____

TOTAL FEES \$ 11.00
 Less Fees Paid \$ 11.00
 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: Install new A/C