CITY OF NAPOLEON GENERAL PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL & REMODELING

DATE 1/12/11 JOB LOCATION 1/2 Tylen St Napoleon	•
OWNER Ron Se, Fert TELEPHONE # 439-0843	
OWNER ADDRESS 12420 Dohoney Rd De France OH	
CONTRACTOR Same CELL PHONE # Same	
DESCRIPTION OF WORK TO BE PERFORMED New Shingled noof Siding	_
ESTIMATED COMPLETION DATE 7/19/11 ESTIMATED COST 4,000	
Affected Floor Area (AFA): In existing structures, it is the area affected by the improvement, i.e. a new wall dividing a room (the AFA would be only the room and not all the rooms).	e
DESCRIPTION FEE TOTAL COST	
BUILDING:	
Decks \$25.00 \$	
Addition & Alterations Square foot in (AFA) x \$0.05 = \$ + \$25.00 = \$	
Garage and Shed over 200 SF (Detached) \$25.00 \$	
Siding and/or Roofing \$25.00 \$	
Windows/Doors \$25.00 \$	
ELECTRICAL:	
Electrical Circuits in (AFA) x \$3.00/Circuit = \$ + \$25.00 = \$	
Electrical Service Upgrade \$25.00 \$	
MECHANICAL:	
Water Heater \$25.00 \$	
Furnace and/or AC Replacement \$25.00 \$	
LUMBING:	
Plumbing Traps in (AFA) x \$3.00/Trap = \$ + \$25.00 = \$	
TOTAL plus Ohio Board of Building Standards Fee 1% \$	
TOTAL FEE: \$	
FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR LEGATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL TIERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON BUILDING/ZONING DEPARTMENT.	HE
hereby certify that I am the Owner of the named property, or that the proposed work is authorized by the Owner of record and that I have been authorized by the Owner to make this plication as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for Work described in this application is issued, I certify the plicable to such permit.	nt s)
HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.	
GNATURE OF APPLICANT: DATE: DATE:	
RINT NAME: Ron Sé, Fent	
BATCH # CHECK # DATE	
KH_II_0048	