

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: 1016 DATE ISSUED: 03-01-02 ISSUED BY: BND
JOB LOCATION: 304 UNION ST EST. COST: 4200.00

LOT #: SUBDIVISION NAME:

OWNER: BURK, RAMONA
ADDRESS: 304 UNION ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-446-8281

AGENT: D & R DEMOLITION & R
ADDRESS: 21186 CR D
CSZ: ARCHBOLD, OH 43502
PHONE: 419-335-4060

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
DEMOLITION

FEE DESCRIPTION PAID DATE FEE AMOUNT DUE
DEMOLITION PERMIT 10.00



TOTAL FEES DUE 10.00

2-1-02
DATE

Donald Williams
APPLICANT SIGNATURE

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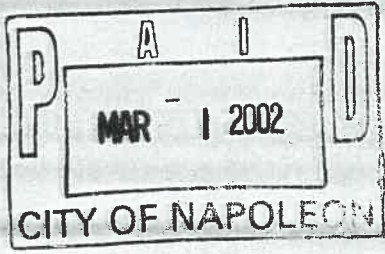
WORK TYPE - NEW: REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION
DEMOLITION *WHAT? NW SIDE PLAN*

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
DEMOLITION PERMIT		10.00



TOTAL FEES DUE 10.00

3-1-02
DATE

[Signature]
APPLICANT SIGNATURE

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 2-28-02 JOB LOCATION 304 UNION

LOT # _____ SUBDIVISION NAME _____

OWNER CONNIE S. LYONS & RAMONA A BUCK PHONE _____

OWNER ADDRESS 304 UNION ST. CITY Napoleon ZIP 43545

CONTRACTOR D and R Demolition and Removal PHONE (419) 446-8281

CONTRACTOR ADDRESS 21186 CR. D CITY Archbold ZIP 43502

CONTRACTOR FAX # NA CELL PHONE (Opt.) NA

DESCRIPTION OF WORK TO BE PERFORMED: DEMOLITION

ESTIMATED COST OF WORK TO BE PERFORMED: \$4200-

WORK INFORMATION

De - \$10,000 Fee

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 36^{ft} Width 30 Stories 1 1/2 Height 18^{ft} DEMO VOL 700 yds 5400

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 _____ FRSB _____ SYSB _____ 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 Don Williams Date 2-28-02