

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: 789

DATE ISSUED: 09-10-01

ISSUED BY: SKE

JOB LOCATION: 60 VINCENNES DR

EST. COST: 17782.00

LOT #:

SUBDIVISION NAME:

OWNER: BADENHOP, RALPH
ADDRESS: 60 VINCENNES DR
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-1621

AGENT: J & E HOME IMPROVEME
ADDRESS: 7407 W SYLVANIA AVE
CSZ: SYLVANIA, OH 43560
PHONE: 866-880-8819

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: X

WORK INFORMATION

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

WORK DESCRIPTION
BASEMENT REMODEL

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

BUILDING PERMIT

73.00



TOTAL FEES DUE

73.00

DATE

APPLICANT SIGNATURE

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 789

DATE ISSUED: 09-10-2001

JOB LOCATION: 60 VINCENNES DR

OWNER: BADENHOP, RALPH

OWNER PHONE: 419-592-1621

CONTRACTOR: J & E HOME IMPROVEMENTS LTD

CONTRACTOR PHONE: 866-880-8819

WORK DESCRIPTION: BASEMENT REMODEL

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL 9-10-01

SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDDT _____

STRUC _____ ROOF _____ EXT _____

VENT _____ ACCES _____ EGRS _____

SMKDT _____ FINAL 9-10-01

ISSUE TEMP OCCUP _____ ISSUE OCCUP _____

STRG SHED: SITE _____ FINAL _____

SIGN: FTG _____ FINAL _____

FENCE: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

INSPECTOR INITIALS: BMA

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

*DATE 9/7/01 *JOB LOCATION 60 Vincennes Dr.

LOT # _____ SUBDIVISION NAME _____

*OWNER Ralph Badenhop *PHONE 419-592-1621

OWNER ADDRESS 60 Vincennes Dr. *CITY Napoleon ZIP 43545

*CONTRACTOR J & E Home Improvement PHONE 419-592-1621

*CONTRACTOR ADDRESS 7407 W. Sylvania Ave CITY Sylvania ZIP 43560

*CONTRACTOR FAX # 419-843-8512 CELL PHONE (Opt.) _____

*DESCRIPTION OF WORK TO BE PERFORMED: Owens Corning basement finishing system

*ESTIMATED COST OF WORK TO BE PERFORMED: \$17,782 w/ light electrical

WORK INFORMATION

BUILDING: Basement Floor Area 729 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 Nordman Dallaire Phone 419-841-0419 Fax _____
Address 3139 Pitro St. #B City Toledo St _____ Zip 43615

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 William P. [Signature] * Date 9/7/01

Please complete one of these forms

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OWNER ADDRESS 60 Vincennes Dr. CITY Napoleon ZIP 43545

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LOT # _____ SUBDIVISION NAME _____

*OWNER Ralph Badenhop *PHONE 419-592-1621

OWNER ADDRESS 60 Vincennes Dr. Napoleon ZIP 43545

*CONTRACTOR S/E 843-8674

*CONTRACTOR ADDRESS 7407 Sylvania ZIP 43560

*CONTRACTOR FAX # _____ (Opt.) _____

*DESCRIPTION OF WORK TO BE DONE new finish system w/ light electrical.

*ESTIMATED COST OF WORK _____

Did the sub need to fill this one out as well?

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BUILDING SIZE: Length _____ Height _____ DEMO VOL _____

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* Applicant Signature Normand Dallaire * Date 9-7-01

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