THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

Mechanical Permit

Page 1 of 1

Permit Number: MC2005-81

Printed: 10/20/2005

Property Address:

90 Vincennes Dr

Applicant

Elling Plumbing & Heating

Approval Date: 10/20/2005

Address:

T 487 ST HWY 108

Napoleon, OH 43545

Phone: 419-598-8991

Owners

Name:

Mr. Hal Shumaker

Phone:

419-592-3288

Address: 90 Vincennes

Contractors Elling Plumbing & Heating

Address: T 487 ST HWY 108

Napoleon, OH 43545

Phone 419-598-8991

Fees and Receipts:

FEE2005-798

Number

Description

replacing a/c or furnace

Amount

\$5.00

Total Fees:

\$5.00

Description of work to be done:

Replacing furnace

Rich Elling

OCT 28 315

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

DC 7FC	
OWNER: HAL SHUMAKER PHONE: 3	92-3288
OWNER ADDRESS: 90 VINCENNES	CITY: MARKEOLDIP: 43545
CONTRACTOR: EZLING P+H CONTRACTOR LICENSED WITH THE CITY OF NAPOLEON?: YE	
DESCRIPTION OF WORK TO BE FURNACE REPLACE	
	:
PLEASE MARK THE TYPE OF WORK YOU	WILL BE PERFORMING
_A/C ADD ON _BOILER REPLACEMENT	REMODELING
CURBING	roofing sewer repairs**
DECKS *	_SIDEWALK*
_DRIVEWAY*	_siding
ELECTRICAL SERVICE UPGRADE	_STORAGE SHED•
ELECTRICAL SERVICE NEWFENCE*	_SWIMMING POOL* CURNACE REPLACEMENT
_ADDITIONS*	_TEMP ELECTRIC
FURNACE NEW	WATER TAP (size")
_LAWN METER	_WINDOWS
PLUMBING	_ZONING

*PLEASE INCLUDE A PICTURE SHOWING MEASURMENTS FROM EXISTING STRUCTURES AND PROPERTY LINES, INDICATING THE TYPE OF WORK YOU WISH TO PERFORM.

** IF WORK REQUIRES GOING INTO THE STREET A STREET BOND IS REQUIRED!
FOR PERMIT COSTS PLEASE FILL OUT REVERSE SIDE.

City of Napoleon

BUILDING & ZONING DEPARTMENT

255 W Riverview

(419)592-4010



Inspection Record Inspection #: INSP2005-368	Page: 1 Printed: 10/26/2005 Reference #: MC2005-81
A.I.I	Reference #: MC2005-81
Address: 90 Vincennes Dr	
Napoleon, OH 43545	
Applicant: Mr. Hal Shumaker	
Directions To Parcel:	
Inspection Type: Mechanial Final	Date: 10/20/2005
Inspector: Tom	Status: Complete
Passed? ✓	·
Required Steps:	
Comments:	
Inspection Checklist:	
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Corrections:	
Correction Code:	Date:
Correction Description:	
Status:	Correction Made Date:
Conditions:	
Condition Code:	Description:
Date: Departme	ent: Status:
Other Fields:	