

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: 1136                      DATE ISSUED: 05-15-02                      ISSUED BY: MRD  
JOB LOCATION: 526 VINE ST                      EST. COST: 1500.00

LOT #:                      SUBDIVISION NAME:  
OWNER: FARAGO, WILLIAM                      AGENT: KENNITH BRANHAM CONS  
ADDRESS: 526 VINE ST                      ADDRESS: P O BOX 119  
CSZ: NAPOLEON, OH 43545                      CSZ: MELROSE, OH, 45861  
PHONE: 419-592-2593                      PHONE: 419-594-3574

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  
NEW DRIVEWAY

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		0.00

TOTAL FEES DUE                      0.00

-----  
5/19/02  
DATE

-----  
*Kenneth Branham*  
APPLICANT SIGNATURE

# CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 5.14.02 JOB LOCATION \_\_\_\_\_

LOT # \_\_\_\_\_ SUBDIVISION NAME \_\_\_\_\_

OWNER William Farago PHONE 592-0714

OWNER ADDRESS 526 Vine St. CITY Napoleon ZIP 43545

CONTRACTOR Kennith Branham PHONE 419-594-3574

CONTRACTOR ADDRESS P.O. Box 119 CITY Melrose OH ZIP 45861

CONTRACTOR FAX # None CELL PHONE (Opt.) None

DESCRIPTION OF WORK TO BE PERFORMED: replace part of cement driveway

ESTIMATED COST OF WORK TO BE PERFORMED: \$ 1,500.00

## WORK INFORMATION

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 \_\_\_\_\_ Width \_\_\_\_\_ Stories \_\_\_\_\_ Height \_\_\_\_\_ DEMO VOL \_\_\_\_\_

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 \_\_\_\_\_ Date \_\_\_\_\_

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1136

DATE ISSUED: 05-15-2002

JOB LOCATION: 526 VINE ST

OWNER: FARAGO, WILLIAM

OWNER PHONE: 419-592-2593

CONTRACTOR: KENNITH BRANHAM CONSTRUCTION

CONTRACTOR PHONE: 419-594-3574

WORK DESCRIPTION: NEW DRIVEWAY

PLUMBING: UNDGR \_\_\_\_\_ RGHIN \_\_\_\_\_ FINAL \_\_\_\_\_

SEWER INSP \_\_\_\_\_

MECHANICAL: UNDGR \_\_\_\_\_ RGHIN \_\_\_\_\_ FINAL \_\_\_\_\_

FURNACE REPLC \_\_\_\_\_ AIR COND \_\_\_\_\_

ELECTRICAL: UNDGR \_\_\_\_\_ RGHIN \_\_\_\_\_ FINAL \_\_\_\_\_

SERV UPGR \_\_\_\_\_

BUILDING: SITE \_\_\_\_\_ FTG \_\_\_\_\_ FNDDT \_\_\_\_\_

STRUC \_\_\_\_\_ ROOF \_\_\_\_\_ EXT \_\_\_\_\_

VENT \_\_\_\_\_ ACCES \_\_\_\_\_ EGRS \_\_\_\_\_

SMKDT \_\_\_\_\_ FINAL \_\_\_\_\_

ISSUE TEMP OCCUP \_\_\_\_\_ ISSUE OCCUP \_\_\_\_\_

STRG SHED: SITE \_\_\_\_\_ FINAL \_\_\_\_\_

SIGN: FTG \_\_\_\_\_ FINAL \_\_\_\_\_

FENCE: SITE \_\_\_\_\_ FINAL \_\_\_\_\_

MISC INSP: Driveway (East side extension) 5-21-02

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSPECTOR INITIALS: BND

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: 1136                      DATE ISSUED: 05-15-02                      ISSUED BY: MRD  
JOB LOCATION: 526 VINE ST                      EST. COST: 1500.00

LOT #:                      SUBDIVISION NAME:

OWNER: FARAGO, WILLIAM  
ADDRESS: 526 VINE ST  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-2593

AGENT: KENNITH BRANHAM CONS  
ADDRESS: P O BOX 119  
CSZ: MELROSE, OH, 45861  
PHONE: 419-594-3574

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  
NEW DRIVEWAY

*-NO SITE PLAN*

FEE DESCRIPTION                      PAID DATE                      FEE AMOUNT DUE  
BUILDING PERMIT                                           0.00

TOTAL FEES DUE                      0.00

5/14/02  
-----  
DATE

*[Signature]*  
-----  
APPLICANT SIGNATURE