

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: 628 DATE ISSUED: 06-05-01 ISSUED BY: BND
JOB LOCATION: 526 VINE ST EST. COST: 5985.00

LOT #: SUBDIVISION NAME:

OWNER: FARAGO, WILLIAM AGENT: CASTLE WINDOWS INC
ADDRESS: 526 VINE ST ADDRESS: 405 OSAGE
CSZ: NAPOLEON, OH 43545 CSZ: MAUMEE, OH 43537
PHONE: 419-592-2593 PHONE: 419-891-9300

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:

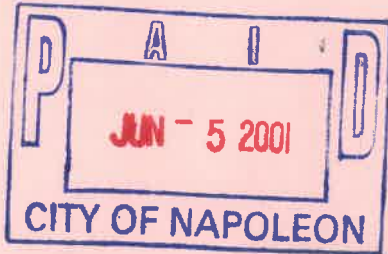
WORK DESCRIPTION
WINDOW REPLACEMENT

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		49.00

TOTAL FEES DUE 49.00

DATE

APPLICANT SIGNATURE



CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

*DATE 6/1/01 *JOB LOCATION 526 VINE ST

LOT # _____ SUBDIVISION NAME _____

*OWNER WILLIAM FARAGO *PHONE 419-592-2593

OWNER ADDRESS 526 VINE ST *CITY NAPOLEON ZIP 43545

*CONTRACTOR CASTLE WINDOWS PHONE 419-891-9300

*CONTRACTOR ADDRESS 405 OSAGE DR. CITY MAUMEE ZIP 43537

*CONTRACTOR FAX # 419-891-7327 CELL PHONE (Opt.) _____

*DESCRIPTION OF WORK TO BE PERFORMED: VINYL REPLACEMENT WINDOWS

*ESTIMATED COST OF WORK TO BE PERFORMED: \$5985.00

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 [Signature] * Date 6-1-01

Please complete one of these forms

\$49.00