

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE _____ JOB LOCATION _____

LOT # _____ SUBDIVISION NAME _____

OWNER Elaine Johnson PHONE _____

OWNER ADDRESS 477 E. Washington CITY Napoleon ZIP _____

CONTRACTOR Tri-County Roofing, Inc. PHONE 419-399-3964

CONTRACTOR ADDRESS 1377 CR 1102 CITY Paulding ZIP _____

CONTRACTOR FAX # 419-399-9162 CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: Plumbing ONLY

ESTIMATED COST OF WORK TO BE PERFORMED: ~~11000~~ \$1700.

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, the undersigned, 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 _____

Permit # 11696