NI

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

DATE /0/16/13	JOB LOCATION	110 W. W.	ASHING-TON S	57.
OWNER	AMIE WINEM.	ACHER	TELEPHO	NE# 599-1777
OWNER ADDRESS	1610 W. Co	ASHING TON S	7.	
CONTRACTOR	KEVIN'S PLO	emBine & p	TG- CELL PHO	NE #_419 - 966 - 098
DESCRIPTION OF WOL	RK TO BE PERFORMED	INSTALL A	nuetless mini	SPLIT HEATING
·	KLING WINT			
ESTIMATED COMPLETION DATE 10/21 ESTIMATED COST \$2,378 =				
Affected Floor Area (AFA): In existing structures, it is the area affected by the improvement, i.e. a new wall dividing a room (the AFA would be only the room and not all the rooms).				
DESCRIPTION			FEE	TOTAL COST
BUILDING:			2.22	TOTAL COST
Decks			\$25.00	\$
Addition & Alterations	Square foot in (AFA)	_x \$0.05 = \$	+ \$25.00 =	= \$
Garage and Shed over			\$25.00	\$
Siding and/or Roofing			\$25.00	\$
Windows/Doors	And the second s		\$25.00	\$
ELECTRICAL:				
Electrical (Circuits in (AFA)x \$3.0	00/Circuit = \$	+ \$25.00 =	\$
Electrical Service Upg	rade		\$25.00	\$
MECHANICAL:				
Water Heater			\$25.00	\$
Furnace and/or AC Re	placement		\$25.00	\$ 25,00
PLUMBING:				
Plumbing	Traps in (AFA)x \$3.0	00/Trap = \$	+ \$25.00 =	\$
	TOTAL plus	Ohio Board of Build	ing Standards Fee 1%	\$ 25
			TOTAL FEE:	\$ 25.25
FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON BUILDING/ZONING DEPARTMENT.				
hereby certify that I am the Owner of the named property, or that the proposed work is authorized by the Owner of record and that I have been authorized by the Owner to make this pplication as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for Work described in this application is issued, I certify that pplicable to such permit.				
HEREBY ACKNOWLEDGE TH	IAT I HAVE READ AND FULLY U	NDERSTAND THE ABO	OVE LISTED INSTRUCTION	DNS.
IGNATURE OF APPLICANT:	If Kalmin		DATE: /O/	16/13
RINT NAME:	SEFF KOHAMA	W		
ERMIT#	BATCH#	CHECK#	DATE	