

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: 983 DATE ISSUED: 01-31-02 ISSUED BY: BND
JOB LOCATION: 332 W WASHINGTON ST EST. COST: 4000.00

LOT #: SUBDIVISION NAME:

OWNER: SMITH, MICHAEL AGENT: VINTAGE ELECTRIC LTD
ADDRESS: 332 W WASHINGTON ST ADDRESS: 3335 MCGREGOR LANE
CSZ: NAPOLEON, OH 43545 CSZ: TOLEDO OH, 43623
PHONE: 419-592-0819 PHONE: 419-472-9349

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:

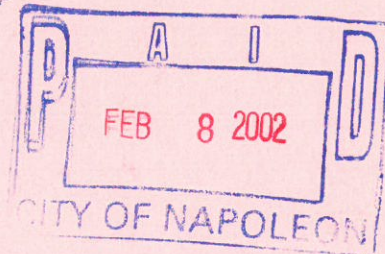
WORK TYPE - NEW: REPLMNT: X ADD'N: ALTER: REMODEL:

WORK INFORMATION

SIZE - LGTH: WIDTH: STORIES: LIVING AREA SF:
GARAGE AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION
REPLACE FURNACE ADD
C/A

FEE DESCRIPTION PAID DATE FEE AMOUNT DUE
MECHANICAL PERMIT 16.00



TOTAL FEES DUE 16.00

DATE

APPLICANT SIGNATURE

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 983

DATE ISSUED: 01-31-2002

JOB LOCATION: 332 W WASHINGTON ST

OWNER: SMITH, MICHAEL

OWNER PHONE: 419-592-0819

CONTRACTOR: VINTAGE ELECTRIC LTD., INC.

CONTRACTOR PHONE: 419-472-9349

WORK DESCRIPTION: REPLACE FURNACE ADD

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC 1-31-02 AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDT _____

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: _____

NOTES: _____

INSPECTOR INITIALS: BMD

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

*DATE 1-23-02 *JOB LOCATION 332 W. Washington ST

LOT # _____ SUBDIVISION NAME _____

*OWNER M Smith *PHONE 419-592-0819

OWNER ADDRESS 332 W. Washington CITY Napoleon OH ZIP 43545

*CONTRACTOR Vintage AIG & Air PHONE 419-472-9349

*CONTRACTOR ADDRESS 3335 McGregor Ln. CITY TOL OH ZIP 43623

*CONTRACTOR FAX # 419 472-9335 CELL PHONE (Opt.) _____

*DESCRIPTION OF WORK TO BE PERFORMED: Repl. HV / AC

*ESTIMATED COST OF WORK TO BE PERFORMED: \$ 4000.00

WORK INFORMATION

BUILDING: Basement Floor Area APRX 1000 Sq. Ft. 1st Story Living Area 12000 Sq. Ft.

2nd Floor Living Area 1000 Sq. Ft. Garage Floor Area N/A Sq. Ft.

BUILDING SIZE: Length _____ Width _____ Stories 2 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 Vintage Electric Phone 419 472 9349 Fax 472-9335
Address 3335 McGregor Ln City TOL St OH Zip 43623

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 1-23-02

Please complete one of these forms