

# PERMIT

**CITY OF NAPOLEON - BUILDING DEPARTMENT**  
 255 West Riverview Avenue, Napoleon, Ohio 43545 - 419-592-4010

Permit No. 02396 Issued 7-25-91  
date

Job Location 403 West Washington  
address

Lot 2 Yeager's 1st  
sub-div or legal discript

Issued By Brent N. Damman  
building official

Owner Jeff Good  
name tel.

Address 403 West Washington

Agent Self  
builder-eng.-etc. tel.

Address \_\_\_\_\_

Description of Use Residential

Residential 1  
no. dwelling units

Commercial \_\_\_\_\_ Industrial \_\_\_\_\_

New \_\_\_\_\_ Add'n. \_\_\_\_\_ Alter \_\_\_\_\_ Remodel XX

Mixed Occupancy \_\_\_\_\_

Change of Occupancy \_\_\_\_\_

Estimated Cost \$ 1000.00

FEES	BASE	PLUS	TOTAL
<input type="checkbox"/> BUILDING			
<input type="checkbox"/> ELECTRICAL			
<input type="checkbox"/> PLUMBING			
<input checked="" type="checkbox"/> MECHANICAL	\$10.00	\$10.00	\$20.00
<input type="checkbox"/> DEMOLITION			
<input type="checkbox"/> ZONING			
<input type="checkbox"/> SIGN			
<input type="checkbox"/> WATER TAP			
SEW. INSP.			
SEWER TAP			
TEMP. WATER			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			\$20.00
LESS MIN. FEES PAID <u>7-25-91</u>			\$20.00
			<small>date</small>
BALANCE DUE.....			\$ 0.00

### ZONING INFORMATION

district	lot dimensions n/a	area	front yd	side yds	rear yd
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr

### WORK INFORMATION:

Size: Length \_\_\_\_\_ Width \_\_\_\_\_ Stories \_\_\_\_\_ Ground Floor Area \_\_\_\_\_

Height \_\_\_\_\_ Building Volume (for demo. permit) \_\_\_\_\_ cu. ft.

Electrical: \_\_\_\_\_  
brief description

Plumbing: \_\_\_\_\_  
brief description

Mechanical: Replace furnace - Add on A/C/  
brief description

Sign: \_\_\_\_\_ Dimensions \_\_\_\_\_ Sign Area \_\_\_\_\_  
type

Additional Information: \_\_\_\_\_

**PAID**

Date 11/8/91 Applicant Signature Jeffrey Good owner-agent JUL 25 1991

CITY OF NAPOLEON





APPLICATION  
for  
RESIDENTIAL BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, PERMITS and DEMOLITION PERMIT  
from the  
CITY OF NAPOLEON - BUILDING DEPARTMENT

Entry No. \_\_\_\_\_ 255 West Riverview Ave. Napoleon, Ohio 43545 Pn. 419-592-4010

Permit No. 02396 Issued 7-25-91

Ch. Permits Reg.	Base	Fees Plus	Total
------------------	------	-----------	-------

Job Location 403 W. Washington

<input type="checkbox"/> Building	_____	_____	_____
-----------------------------------	-------	-------	-------

Lot 2 ~~N/A~~ Yagers 1st.

<input type="checkbox"/> Electrical	_____	_____	_____
-------------------------------------	-------	-------	-------

Issued By BND  
sub-div. or legal disc.

<input type="checkbox"/> Plumbing	_____	_____	_____
-----------------------------------	-------	-------	-------

Owner Jeff Good Pn \_\_\_\_\_

<input checked="" type="checkbox"/> Mechanical	<u>10.00</u>	<u>10.00</u>	<u>20.00</u>
--	--------------	--------------	--------------

Address 403 W. Washington

<input type="checkbox"/> Demolition	_____	_____	_____
-------------------------------------	-------	-------	-------

Agent Self Pn \_\_\_\_\_

<input type="checkbox"/> Zoning	_____	_____	_____
---------------------------------	-------	-------	-------

Address \_\_\_\_\_

<input type="checkbox"/> Sign	_____	_____	_____
-------------------------------	-------	-------	-------

Description of Use Residential

<input type="checkbox"/> Water tap	_____	_____	_____
------------------------------------	-------	-------	-------

\_\_\_\_\_

<input type="checkbox"/> Sewer Tap	_____	_____	_____
------------------------------------	-------	-------	-------

Residential 1

<input type="checkbox"/> Temp. Water	_____	_____	_____
--------------------------------------	-------	-------	-------

Commercial \_\_\_\_\_ Industrial \_\_\_\_\_

<input type="checkbox"/> Temp. Elec.	_____	_____	_____
--------------------------------------	-------	-------	-------

New \_\_\_\_\_ Add'n. \_\_\_\_\_ Alter \_\_\_\_\_ Remodel X

Additional struc.	_____	hrs	_____
-------------------	-------	-----	-------

Mixed Occupancy \_\_\_\_\_

plan review	_____	Elect.	_____
-------------	-------	--------	-------

Change of Occupancy \_\_\_\_\_

Elect.	_____	hrs	_____
--------	-------	-----	-------

Estimated Cost \$ 1000.00

Total Fees..... 20.00

ZONING INFORMATION

Less Min. Fees Pd. 7-25-91 20.00

district	lot dimensions	area	front yd	side yds.	rear yd
_____	<u>N/A</u>	_____	_____	_____	_____

date \_\_\_\_\_

max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd.	date appr
_____	_____	_____	_____	_____	_____

Balance Due..... -0-

**WORK INFORMATION:**

BUILDING: Garage Fl. Area \_\_\_\_\_ Basement Fl. Area \_\_\_\_\_ Second Floor Area \_\_\_\_\_

Size: Length \_\_\_\_\_ Width \_\_\_\_\_ Stories \_\_\_\_\_ Ground Floor Area \_\_\_\_\_

Height \_\_\_\_\_ Building Volume (for deas. permit) \_\_\_\_\_ cu. ft.

Description of Work: Replace furnace add on A/C

**PAID**

JUL 25 1991



