

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: 98395

DATE ISSUED: 11-13-98

ISSUED BY: BND

JOB LOCATION: 404 W WASHINGTON ST

EST. COST: 2297.00

LOT #:

SUBDIVISION NAME:

OWNER: MILLER, JAMES  
ADDRESS: 404 W WASHINGTON ST  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-599-5929

AGENT: VONDEYLEN PLBG & HTG  
ADDRESS: 116 E CLINTON ST  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-4756

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:

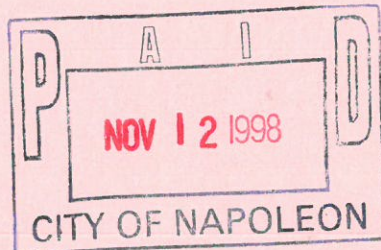
WORK TYPE - NEW: REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION  
FURNACE REPLACEMENT

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
MECHANICAL PERMIT		5.00



TOTAL FEES DUE 5.00

DATE

APPLICANT SIGNATURE

**APPLICATION FOR**

Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit  
**FROM - The City of Napoleon, Ohio, Building Department**  
 255 West Riverview Avenue; P.O. Box 151; Napoleon, Ohio 43545 - Telephone (419) 592-4010

ENTRY NO. \_\_\_\_\_

PERMIT NO. \_\_\_\_\_ ISSUED \_\_\_\_\_

JOB LOCATION 404 West Washington

LOT \_\_\_\_\_  
 (Subdivision or Legal Description)

ISSUED BY \_\_\_\_\_  
 (Building Official)

OWNER Jim Miller PHONE 599-5929

ADDRESS 404 West Washington

AGENT Von Deylen Plbg/Htg PHONE 592-4756

ADDRESS 116 E Clinton Napoleon

USE:  Residential  Commercial  Industrial  
 Other \_\_\_\_\_

WORK:  New  Addition  Replacement  Remodel

ESTIMATED COST = \$ 2297

	<u>Base</u>	<u>Plus</u>	<u>Total</u>
<input type="checkbox"/> Building	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Electrical	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Plumbing	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Mechanical	\$ <u>5.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Demolition	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Zoning	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Sign	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Water Tap	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Sewer Tap	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp Water	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp Elec.	\$ _____	\$ _____	\$ _____

Additional Plan Review: Structure \_\_\_\_\_ Hours \_\_\_\_\_  
 Electric \_\_\_\_\_ Hours \_\_\_\_\_

TOTAL FEES . . . . .	\$ <u>5.00</u>
Less Fees Paid . . . . .	\$ <u>5.00</u>
BALANCE DUE . . . . .	\$ _____

**ZONING INFORMATION**

<u>District</u>	<u>Lot Dimensions</u>	<u>Area</u>	<u>Front Yard</u>	<u>Side Yard</u>	<u>Rear Yard</u>

<u>Max Height</u>	<u>No. Pkg. Spaces</u>	<u>No. Ldg. Spaces</u>	<u>Max Cover</u>	<u>Petition or Appeal Required-Date</u>

**WORK INFORMATION**

Building: Ground Floor Area \_\_\_\_\_ sq. ft. Basement Floor Area \_\_\_\_\_ sq. ft.  
 Garage Floor Area \_\_\_\_\_ sq. ft. 2nd Floor Area \_\_\_\_\_ sq. ft. Other \_\_\_\_\_ sq. ft.  
 Size: Length \_\_\_\_\_ Width \_\_\_\_\_ Stories \_\_\_\_\_ Height \_\_\_\_\_  
 Building Volume (for Demolition Permit) \_\_\_\_\_ cubic feet  
 Description of Work: New furnace

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