

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: 808

DATE ISSUED: 09-28-01

ISSUED BY: MBS

JOB LOCATION: 412 W WASHINGTON ST

EST. COST: 6500.00

LOT #:

SUBDIVISION NAME:

OWNER: GLICK, MARK
ADDRESS: 412 W WASHINGTON ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-3323

AGENT: WEIRICH ELECTRIC
ADDRESS: VO25 CO RD 5B
CSZ: LIBERTY CENTER, OH 435
PHONE: 419-533-6998

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

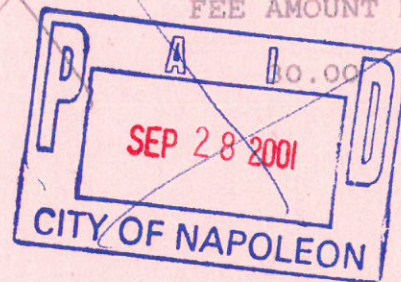
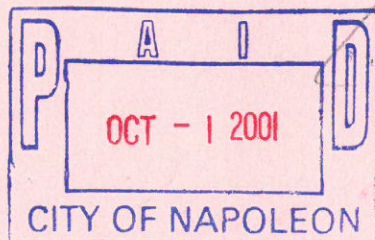
REWIRE HOUSE ADD 5 CIR.

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

ELECTRICAL PERMIT



TOTAL FEES DUE 30.00

9-28-01

DATE

Larry Weirich

APPLICANT SIGNATURE

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 808

DATE ISSUED: 09-28-2001

JOB LOCATION: 412 W WASHINGTON ST

OWNER: GLICK, MARK

OWNER PHONE: 419-599-3323

CONTRACTOR: WEIRICH ELECTRIC

CONTRACTOR PHONE: 419-533-6998

WORK DESCRIPTION: REWIRE HOUSE ADD 5 CIR.

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN 10-401 FINAL _____

SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDDT _____

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: _____

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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 412 W. Washington St.

LOT _____
(Subdivision or Legal Description)

ISSUED BY _____
(Building Official)

OWNER Tom Warner PHONE 599-3323

ADDRESS 412 W. Washington St.

AGENT _____ PHONE 599-3323

ADDRESS 412 W. Washington St.

USE: () Residential () Commercial () Industrial
() Other _____

WORK: () New () Addition () Replacement () Remodel

ESTIMATED COST = \$ 50.00

	<u>Base</u>	<u>Plus</u>	<u>Total</u>
() Building	\$ _____	\$ _____	\$ _____
(<input checked="" type="checkbox"/>) Electrical	\$ _____	\$ _____	\$ <u>3.00</u>
() Plumbing	\$ _____	\$ _____	\$ _____
() Mechanical	\$ _____	\$ _____	\$ _____
() Demolition	\$ _____	\$ _____	\$ _____
() Zoning	\$ _____	\$ _____	\$ _____
() Sign	\$ _____	\$ _____	\$ _____
() Water Tap	\$ _____	\$ _____	\$ _____
() Sewer Tap	\$ _____	\$ _____	\$ _____
() Temp Water	\$ _____	\$ _____	\$ _____
() Temp Elec.	\$ _____	\$ _____	\$ _____

Additional Structure _____ Hours _____
Plan Review: Electric _____ Hours _____

TOTAL FEES \$ 3.00
Less Fees Paid \$ _____
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>

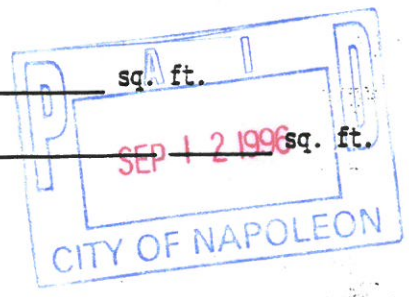
WORK INFORMATION

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: Add one Electrical circuit.