

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: 99183

DATE ISSUED: 06-09-99

ISSUED BY: BND

JOB LOCATION: 431 W WASHINGTON ST

EST. COST: 1890.00

LOT #:

SUBDIVISION NAME:

OWNER: JAMES, JAMES H
ADDRESS: 431 W WASHINGTON ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-1084

AGENT: DAMMAN PLBG & HTG
ADDRESS: N-033 CO RD 17D
CSZ: OKOLONA, OH 43550
PHONE: 419-758-3116

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:

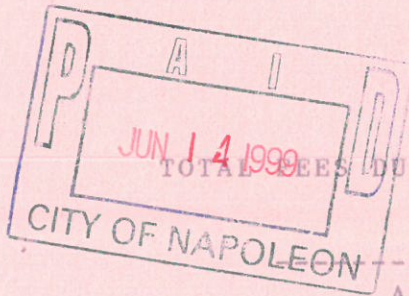
WORK TYPE - NEW: REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION
A/C ADD ON

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
MECHANICAL PERMIT		11.00



11.00

DATE

APPLICANT SIGNATURE

Please complete this form for each job.

Fill areas marked *

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

* DATE 6/9/99 * JOB LOCATION 431 W. Washington

LOT # _____ SUBDIVISION NAME _____

* OWNER James James * PHONE 592-1084

* OWNER ADDRESS 431 West Washington CITY Napoleon ZIP 43545

* CONTRACTOR Damman Plb. Htg & A/C * PHONE 758-3116

* CONTRACTOR ADDRESS N-033 Rd. D.D * CITY Okolona ZIP 43530

CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____

* DESCRIPTION OF WORK TO BE PERFORMED: Installed A/C unit

* ESTIMATED COST OF WORK TO BE PERFORMED: \$ 1890.00

WORK INFORMATION

BUILDING: Basement Floor Area _____ Sq. Ft. 1st Story Living Area _____ Sq. Ft.

2nd Floor Living Area _____ Sq. Ft. Garage Floor Area _____ Sq. Ft.

BUILDING SIZE: Length _____ Width _____ Stories _____ 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 _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

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 IR _____ R Max Cov _____ %

I by signing below agree to comply with all applicable City of Napoleon Codes; Ordinance 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 inspectors of the City of Napoleon.

* Applicant Signature Josiea Kitchen * Date 6/9/99