CITY OF NAPOLEON GENERAL PERMIT APPLICATION THIS APPLICATION IS FOR RESIDENTAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL. PLUMBING, MECHANICAL & REMODELING WASHINGTON JOB LOCATION **TELEPHONE#** OWNER ADDRESS 516 **CELL PHONE #** DESCRIPTION OF WORK TO BE PERFORMED ESTIMATED COMPLETION DATE 10-31-15 ESTIMATED COST Affected Floor Area (AFA): In existing structures, it is the area affected by the improvement, i.e. a new wall dividing a room (the AFA would be only the room and not all the rooms). DESCRIPTION FEE TOTAL COST **BUILDING:** Decks \$25.00 00 Addition & Alterations Square foot in (AFA) x \$0.05 = \$\$25.00 = \$ Garage and Shed over 200 SF (Detached) \$25.00 \$ Siding and/or Roofing \$25.00 \$ Windows/Doors \$25.00 \$ **ELECTRICAL:** Electrical Circuits in (AFA) x \$3.00/Circuit = \$\$25.00 =**Electrical Service Upgrade** \$25.00 \$ **MECHANICAL**: Water Heater \$25.00 Furnace and/or AC Replacement \$ \$25.00 PLUMBING: Plumbing Traps in (AFA) x \$3.00/Trap = \$\$25.00 =

TOTAL plus Ohio Board of Building Standards Fee 1%

I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON BUILDING/ZONING DEPARTMENT.

I hereby certify that I am the Owner of the named property, or that the proposed work is authorized by the Owner of record and that I have been authorized by the Owner to make this application as his her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for Work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the

applicable to such permit.	such permit at any reasonable hour to enforce the provisions of the code(s)
I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE AB	BOVE LISTED INSTRUCTIONS.
SIGNATURE OF APPLICANT: MAL C WH	DATE: 10.7-15
PRINT NAME: MATTHEW C. WITTE	
BATCH# 33008 CHECK# 1041.0	DATE 10815

