



CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1334

DATE ISSUED: 09-19-2002

JOB LOCATION: 535 W WASHINGTON ST

OWNER: ERIKSEN, AMY

OWNER PHONE:

CONTRACTOR: GABLE HTG & A/C

CONTRACTOR PHONE: 419-599-1176

WORK DESCRIPTION: REPLACE FURNACE

PLUMBING:      UNDGR \_\_\_\_\_      RGHIN \_\_\_\_\_      FINAL \_\_\_\_\_

                 SEWER INSP \_\_\_\_\_

MECHANICAL:    UNDGR \_\_\_\_\_      RGHIN \_\_\_\_\_      FINAL \_\_\_\_\_

                 FURNACE REPLC \_\_\_\_\_      AIR COND \_\_\_\_\_

ELECTRICAL:    UNDGR \_\_\_\_\_      RGHIN \_\_\_\_\_      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: \_\_\_\_\_

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INSPECTOR INITIALS: \_\_\_\_\_