

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: 97018

DATE ISSUED: 01-17-97

ISSUED BY: BND

JOB LOCATION: 638 W WASHINGTON ST

EST. COST: 2000.00

LOT #:

SUBDIVISION NAME:

OWNER: MORRILL, JEFF
ADDRESS: 315 W MAPLE
CSZ: LIBERTY CENTER, OH 43532
PHONE: 419-533-6350

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

USE TYPE - RESIDENTIAL: X

OTHER:

ZONING INFORMATION

DI'HT: LOT DIM: # PKG SPACES:

AREA: FYRD: # LOADING SP:

SYRD: RYRD: MAX LOT COV:

BOARD OF ZONING APPEALS:

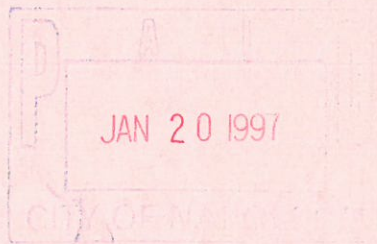
WORK TYPE - NEW: REPLMNT: ADD'N: ALTER: REMODEL:

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 638 West Washington

LOT _____
(Subdivision or Legal Description)

ISSUED BY _____
(Building Official)

OWNER Jeff Morrill PHONE 533-6350

ADDRESS 315 W. Maple Lib. ctr. off

AGENT Von Doylen Plbgy. Off. PHONE 592-4756

ADDRESS 116 E Clinton Napoleon

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

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

ESTIMATED COST = \$ 2000

	<u>Base</u>	<u>Plus</u>	<u>Total</u>	
() Building	\$ _____	\$ _____	\$ _____	
() Electrical	\$ _____	\$ _____	\$ _____	
() Plumbing	\$ _____	\$ _____	\$ _____	
() Mechanical	\$ <u>5.00</u>	\$ _____	\$ <u>5.00</u>	
() Demolition	\$ _____	\$ _____	\$ _____	
() Zoning	\$ _____	\$ _____	\$ _____	
() Sign	\$ _____	\$ _____	\$ _____	
() Water Tap	\$ _____	\$ _____	\$ _____	
() Sewer Tap	\$ _____	\$ _____	\$ _____	
() Temp Water	\$ _____	\$ _____	\$ _____	
() Temp Elec.	\$ _____	\$ _____	\$ _____	

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

TOTAL FEES \$ 5.00
Less Fees Paid \$ 5.00
BALANCE DUE \$ _____

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard

Max Height	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required-Date

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: Install Furnace

CITY OF NAPOLEON INSPECTION FORM

January 22, 1997

PERMIT #: 97018

JOB LOCATION: 638 W WASHINGTON ST

OWNER: MORRILL, JEFF

WORK DESCRIPTION: FURNACE REPLACEMENT

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL 1-22-97

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

BUILDING: SITE _____ FTG _____ FNOD _____

STRUC _____ ROOF _____ EXT _____ VENT _____

ACCESS _____ SMKDT _____ FINAL _____ OCCP _____

MISC INSP: _____

NOTES: _____
