

P E R M I T

CITY OF NAPOLEON  
255 W. REVERVIEW AVE  
NAPOLEON, OHIO 43545

DIVISION OF BUILDING & ZONING  
PH (419) 592-4010  
FAX (419) 599-8393

PERMIT NO: 99210

DATE ISSUED: 06-23-99

ISSUED BY: BND

JOB LOCATION: 643 W WASHINGTON ST

EST. COST: 2200.00

LOT #:

SUBDIVISION NAME:

OWNER: FIELDER, SHAWN  
ADDRESS: 643 W WASHINGTON ST  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-4629

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

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

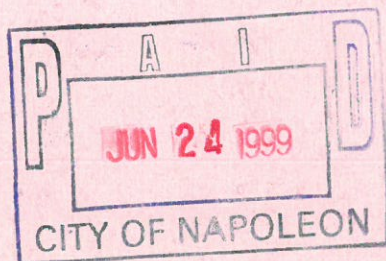
A/C ADD ON

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
MECHANICAL PERMIT		5.00
ELECTRICAL PERMIT		6.00

TOTAL FEES DUE 11.00

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 <u>643 W. Washington</u>  LOT _____ (Subdivision or Legal Description)  ISSUED BY _____ (Building Official)  OWNER <u>Shawn Fielder</u> PHONE <u>592-4629</u>  ADDRESS <u>643 W. Washington Napoleon</u>  AGENT <u>Van Doylen P&amp;H, Inc</u> PHONE <u>592-4756</u>  ADDRESS <u>116 E Clinton Napoleon</u>  USE: <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____  WORK: <input type="checkbox"/> New <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement <input type="checkbox"/> Remodel  ESTIMATED COST = \$ <u>2200</u>	( <input type="checkbox"/> Building  ( <input type="checkbox"/> Electrical  ( <input type="checkbox"/> Plumbing  ( <input type="checkbox"/> Mechanical  ( <input type="checkbox"/> Demolition  ( <input type="checkbox"/> Zoning  ( <input type="checkbox"/> Sign  ( <input type="checkbox"/> Water Tap  ( <input type="checkbox"/> Sewer Tap  ( <input type="checkbox"/> Temp Water  ( <input type="checkbox"/> Temp Elec.	<table border="0" style="width:100%;"> <tr> <td align="center"><u>Base</u></td> <td align="center"><u>Plus</u></td> <td align="center"><u>Total</u></td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>\$ _____</td> <td>\$ <u>6.00</u></td> <td>\$ <u>6.00</u></td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>\$ <u>5.00</u></td> <td>\$ _____</td> <td>\$ <u>5.00</u></td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table> Additional Structure _____ Hours _____ Plan Review: Electric _____ Hours _____  TOTAL FEES . . . . . \$ <u>11.00</u> Less Fees Paid . . . . . \$ <u>11.00</u> BALANCE DUE . . . . . \$ _____	<u>Base</u>	<u>Plus</u>	<u>Total</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ <u>6.00</u>	\$ <u>6.00</u>	\$ _____	\$ _____	\$ _____	\$ <u>5.00</u>	\$ _____	\$ <u>5.00</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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**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: New Central Air