

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: 766 DATE ISSUED: 08-24-01 ISSUED BY: SKE
JOB LOCATION: 650 W WASHINGTON ST EST. COST: 20000.00

LOT #: SUBDIVISION NAME:
OWNER: RAKES, SUE AGENT: AMERICAN BUILDERS
ADDRESS: 650 W WASHINGTON ST ADDRESS: 648 SYLVANIA AVE
CSZ: NAPOLEON, OH 43545 CSZ: TOLEDO, OH 43612
PHONE: 419-592-4274 PHONE: 419-476-5255

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: X REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION
BEDROOM REMODEL

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		77.00

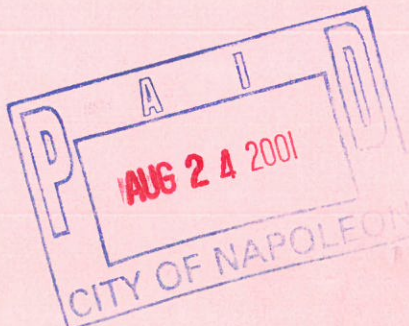
TOTAL FEES DUE 77.00

8-24-01

DATE

Gene Sipe

APPLICANT SIGNATURE



CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 8-21-01 JOB LOCATION 650 W. WASHINGTON

LOT # _____ SUBDIVISION NAME _____

OWNER SUSAN BAKES PHONE 5924274

OWNER ADDRESS 650 W. WASHINGTON CITY NAPOLEON ZIP 43545

CONTRACTOR AMERICAN BUILDERS PHONE 419-4765255

CONTRACTOR ADDRESS 648 SYLVANIA AVE. CITY TOLEDO ZIP 43612

CONTRACTOR FAX # 419-4768183 CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: ROOF REPAIR / DRYWALL / BRUSH / PAINT / MISC DOORS

ESTIMATED COST OF WORK TO BE PERFORMED: 20,000⁰⁰ (77⁰⁰) + WINDOWS

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 BARTELS Phone 5992992 Fax _____
Address 13-414 CTR RD. S 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 Ht _____ ft Max Cov _____ %

I by signing below agree to comply with all applicable City of Napoleon Codes & Ordinances 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 inspector of the City of Napoleon.

Applicant Signature Dene Lopez Date 8-21-01

ADJUSTING SERVICES
TOLEDO BRANCH OFFICE
3450 W. CENTRAL AVE., STE. 210
TOLEDO, OH 43606

PLEASE NOTE:
CHANGE OF
ADDRESS:
STE. 210



www.asugroup.com
Adjusting Services Catastrophe & Temporary Services
Recovery Unlimited Risk Management

Fax

To: *Jane 476-2183*
From: *Randy*
Re: *Rates*
Pages To Follow: *13*

Urgent For Review Please Reply

MESSAGE *Cont Est Services re: ASU est trade break down (2 pgs)*

*Enclosed is Service matters retrieval for clearing.
I took out clean drops in office as that will be a
content item and I will put that on content est.
SM is at 13/6⁰². I want to clean mod or more
is at 1929⁰⁵ before at. I assume you will accept
this but still ~~just~~ *just*
my figures.*

Randy

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 766

DATE ISSUED: 08-24-2001

JOB LOCATION: 650 W WASHINGTON ST

OWNER: RAKES, SUE

OWNER PHONE: 419-592-4274

CONTRACTOR: AMERICAN BUILDERS

CONTRACTOR PHONE: 419-476-5255

WORK DESCRIPTION: BEDROOM REMODEL

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN 8-27 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: _____

INSPECTOR INITIALS: _____