

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: 1180                      DATE ISSUED: 06-12-02                      ISSUED BY: BND

JOB LOCATION: 703 W WASHINGTON ST                      EST. COST: 9000.00

LOT #:                                      SUBDIVISION NAME:

OWNER: HOPKINS, STEVE  
ADDRESS: 619 NORTON ST  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-0778

AGENT: KEVINS PLBG & HTG IN  
ADDRESS: 806 STRYKER ST  
CSZ: ARCHBOLD, OH 43502  
PHONE: 419-445-4715

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: X                      ADD'N:                      ALTER:                      REMODEL:

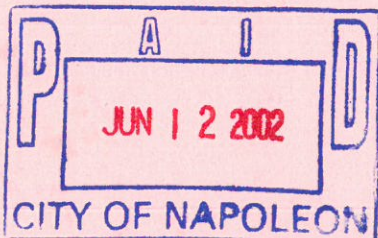
WORK INFORMATION

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

WORK DESCRIPTION

REPLACE FURN & A/C  
NEW SUPPLY'S RAN

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
MECHANICAL PERMIT		39.00



TOTAL FEES DUE                      39.00

6-12-02  
-----  
DATE

*[Handwritten Signature]*  
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APPLICANT SIGNATURE

# CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

\*DATE 6-12-02 \*JOB LOCATION 703 W. WASHINGTON

LOT # \_\_\_\_\_ SUBDIVISION NAME \_\_\_\_\_

\*OWNER STEVE HOPKINS \*PHONE 592-0778

OWNER ADDRESS 703 W. WASHINGTON \*CITY NAPOLEON ZIP 43545

\*CONTRACTOR KEVIN'S P&H PHONE 419-445-4715

\*CONTRACTOR ADDRESS 806 STRYKER ST CITY ARCHBOLD ZIP 43502

\*CONTRACTOR FAX # 419-446-2130 CELL PHONE (Opt.) \_\_\_\_\_

\*DESCRIPTION OF WORK TO BE PERFORMED: REPLACE FURNACE & AIR CONDITIONER

\*ESTIMATED COST OF WORK TO BE PERFORMED: 9,000.00

### 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 \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Heating Contractor Kevin's Plumbing & Htg Phone 419-445-4715 Fax 419-446-2130  
Address 806 Stryker St City Archbold St \_\_\_\_\_ Zip 43502

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 [Signature] \*Date 6-12-02

Please complete one of these forms for each job.

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1180

DATE ISSUED: 06-12-2002

JOB LOCATION: 703 W WASHINGTON ST

OWNER: HOPKINS, STEVE

OWNER PHONE: 419-592-0778

CONTRACTOR: KEVINS PLBG & HTG INC

CONTRACTOR PHONE: 419-445-4715

WORK DESCRIPTION: REPLACE FURN & A/C

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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