

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: 1629

DATE ISSUED: 05-27-03

ISSUED BY: BND

JOB LOCATION: 704 W WASHINGTON ST

EST. COST: 337.50

LOT #:

SUBDIVISION NAME:

OWNER: DELVENTHAL, BRUCE & VICKY
ADDRESS: 704 W WASHINGTON ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-0855

AGENT: CONCRETE SPECIALIST
ADDRESS: 5-943 SR 110
CSZ: NAPOLEON, OH 43545
PHONE: 419-392-8889

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
SIDEWALK
REPLACEMENT

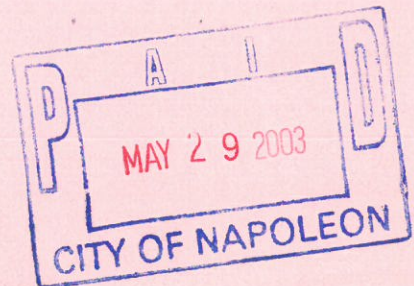
FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
SIDEWALK REPLACEMENT		25.00

TOTAL FEES DUE 25.00

DATE

Vicky Delventhal

APPLICANT SIGNATURE



APPLICATION FOR CITY SIDEWALK AND/OR CURBING REPLACEMENT

Location of project 704 W. Washington St.

Owner Name Bruce & Vicky Deventhal Address 704 W. Washington St.

City Napoleon Zip 43545 Phone 419-592-0855

Type of work to be performed: Curbing replacement check, Sidewalk replacement apprx. 4'2" x 45' 5' x 45'
Total length of curbing to be replaced _____ Total square footage of sidewalk to be replaced 225 ft²

It is required that the City approve the replacement of sidewalks and curbing before the work commences.

All construction must comply with the latest City of Napoleon Engineering Specifications and/or ODOT specifications whichever is applicable. Non compliant work will not be eligible for reimbursement. **Specifications are available upon request.** Inspection is required by the City prior to placement of concrete and after the work is completed to retain eligibility.

The City will reimburse the owner for sidewalk replacement in the right-of-way at a rate of one dollar and fifty cents (\$1.50) per square foot, if installed in accordance to City specifications. The City will reimburse the owner for curbing replacement in the right-of-way at a rate of twenty dollars (\$20.00) per linear foot, if installed in accordance to City specification.

Reimbursement is made to the owner of the property not the contractor. It is required that the owner complete an invoice (provided by the City) for such work along with a paid copy of the invoice from the contractor who performed such work (if applicable).

Name of City registered contractor performing such work; (If there is no contractor involved mark Self)
Concrete Specialist City Lic.# 97012
Vicky Deventhal 5-19-03
Signature of property owner Date

This form must be signed by the City Engineer prior to commencement of work in order to be eligible for reimbursement according to the above schedule. Inspection by the City is required prior to placement of concrete and after work is completed. A "WORK IN RIGHT OF WAY" PERMIT IS REQUIRED BEFORE WORK MAY COMMENCE.

This project as specified above is hereby approved for construction and is eligible for reimbursement in accordance with the schedule herein. All work must conform to the City of Napoleon specifications.

Joseph R Klein City Engineer 5-27-03 Date

City Purchase order number RG030828 City Permit number 11029

*337.50

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1629

DATE ISSUED: 05-27-2003

JOB LOCATION: 704 W WASHINGTON ST

OWNER: DELVENTHAL, BRUCE & VICKY

OWNER PHONE:

CONTRACTOR: CONCRETE SPECIALIST CO LTD

CONTRACTOR PHONE:

WORK DESCRIPTION:

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: _____ *BML*

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