

THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

Mechanical Permit

Permit Number: MC2005-100

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Printed: 12/28/2005

Property Address: 729 Washington St. W.

Applicant

Address: Kevins Plumbing & Heating Inc
806 Stryker St
Archbold, OH 43502

Approval Date: 12/28/2005

Phone: 419-475-4715

Owners

Name: Ms. Ann Crandall
729 W Washington
Napoleon, OH 43545

Phone: 419-599-1561

Contractors Kevins Plumbing & Heating Inc
Address: 806 Stryker St
Archbold, OH 43502

Phone 419-475-4715

Fees and Receipts:

Number	Description	Amount
FEE2005-942	replacing a/c or furnace	\$5.00
Total Fees:		\$5.00

Description of work to be done:

Replacing furnace and gas line



Applicant signature: _____

Jay Beck

Date: 12/28/05

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTIAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBI
MECHANICAL, DEMOLITIONS, REMODELING.

DATE: 12/28/05 JOB LOCATION: 729 W. Washington

OWNER: Ann & Crandall PHONE: _____

OWNER ADDRESS: 729 W. Washington CITY: Napoleon ZIP: _____

CONTRACTOR: Kevin's Plumbing & Heating, Inc.

PHONE #: 419-445-4715 CELL PHONE# _____

CONTRACTOR LICENSED WITH THE CITY OF NAPOLEON?: YES NO:

Is any of the above job going to be subcontracted out? Yes No:

If yes to whom: _____

DESCRIPTION OF WORK TO BE PERFORMED: Replace furnace and gas line

ESTIMATED COMPLETION DATE: _____

PLEASE MARK THE TYPE OF WORK YOU WILL BE PERFORMING

- | | |
|---|--|
| <input type="checkbox"/> A/C ADD ON | <input type="checkbox"/> REMODELING |
| <input type="checkbox"/> BOILER REPLACEMENT | <input type="checkbox"/> ROOFING |
| <input type="checkbox"/> CURBING | <input type="checkbox"/> SEWER REPAIRS** |
| <input type="checkbox"/> DECKS * | <input type="checkbox"/> SIDEWALK* |
| <input type="checkbox"/> DRIVEWAY* | <input type="checkbox"/> SIDING |
| <input type="checkbox"/> ELECTRICAL SERVICE UPGRADE | <input type="checkbox"/> STORAGE SHED* |
| <input type="checkbox"/> ELECTRICAL SERVICE NEW | <input type="checkbox"/> SWIMMING POOL* |
| <input type="checkbox"/> FENCE* | <input type="checkbox"/> FURNACE REPLACEMENT |
| <input type="checkbox"/> ADDITIONS* | <input type="checkbox"/> TEMP ELECTRIC |
| <input checked="" type="checkbox"/> FURNACE NEW | <input type="checkbox"/> WATER TAP (size _____") |
| <input type="checkbox"/> LAWN METER | <input type="checkbox"/> WINDOWS |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ZONING |

*PLEASE INCLUDE A PICTURE SHOWING MEASUREMENTS FROM EXISTING STRUCTURES AND PROPERTY LINES. INDICATING THE TYPE OF WORK YOU WISH TO PERFORM.

** IF WORK REQUIRES GOING INTO THE STREET A STREET BOND IS REQUIRED!

FOR PERMIT COSTS PLEASE FILL OUT REVERSE SIDE