

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: 99401

DATE ISSUED: 10-25-99

ISSUED BY: BND

JOB LOCATION: 160 WAYNE PARK DR

EST. COST: 9900.00

LOT #:

SUBDIVISION NAME:

OWNER: TRAVIS, RUTH
ADDRESS: 160 WAYNE PARK DR
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-9686

AGENT: DAMMAN PLBG & HTG
ADDRESS: N-033 CO RD 17D
CSZ: OKOLONA, OH 43550
PHONE: 419-758-3116

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 SYSTEM INCLUDING DUCTING

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

MECHANICAL PERMIT

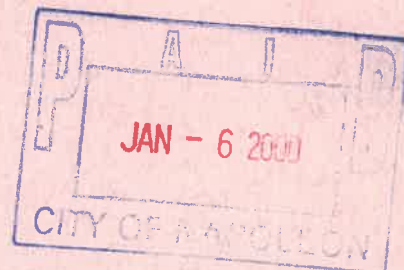
18.00

TOTAL FEES DUE

18.00

DATE

APPLICANT SIGNATURE



Please complete this form for each job.

Fill areas marked *

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

* DATE 10/20/99 * JOB LOCATION 1160 Wayne Park

LOT # _____ SUBDIVISION NAME _____

* OWNER Buth Travis * PHONE 592-9686

* OWNER ADDRESS 1160 Wayne Park CITY Napoleon * ZIP 43545

* CONTRACTOR Damman Pkg Htg, + A/C * PHONE 758-3116

* CONTRACTOR ADDRESS N-033 Co. Rd 19-D * CITY Okolona ZIP 43550

CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____

* DESCRIPTION OF WORK TO BE PERFORMED: Installation of A/C

* ESTIMATED COST OF WORK TO BE PERFORMED: \$19,900.00

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 _____ 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 _____ SY3B _____ 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 required is required to be approved by the building inspector of the City of Napoleon.

* Applicant Signature Jordan M. Kitcher * Date 10/20/99