

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: 99179

DATE ISSUED: 06-07-99

ISSUED BY: BND

JOB LOCATION: 507 WELSTED ST

EST. COST: 2700.00

LOT #:

SUBDIVISION NAME:

OWNER: ANDREWS, ANDREA
ADDRESS: 732 W WASHINGTON ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-8934

AGENT: VONDEYLEN PLBG & HTG
ADDRESS: 116 E CLINTON ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-4756

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:

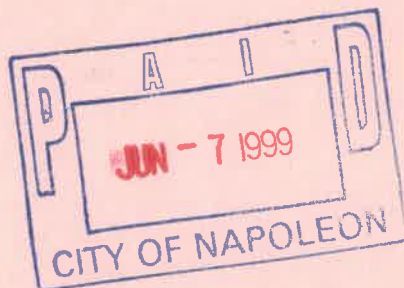
WORK DESCRIPTION
FURNACE REPLACE

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
MECHANICAL PERMIT		5.00

TOTAL FEES DUE 5.00

DATE

APPLICANT SIGNATURE



CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 99179

DATE ISSUED: 06-07-99

JOB LOCATION: 507 WELSTED ST

OWNER: ANDREWS, ANDREA

OWNER PHONE: 419-599-8934

CONTRACTOR: VONDEYLEN PLBG & HTG

CONTRACTOR PHONE: 419-592-4756

WORK DESCRIPTION: FURNACE REPLACE

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

 SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

 FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

 SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDT _____

 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: _____

APPLICATION FOR

Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit

FROM - The City of Napoleon, Ohio, Building Department

255 West Riverview Avenue; P.O. Box 151; Napoleon, Ohio 43545 - Telephone (419) 592-4010

ENTRY NO. _____					
PERMIT NO. _____ ISSUED _____	() Building	\$ _____	\$ _____	\$ _____	
JOB LOCATION <u>507 Welsted</u>	() Electrical	\$ _____	\$ _____	\$ _____	
LOT _____	() Plumbing	\$ _____	\$ _____	\$ _____	
(Subdivision or Legal Description) _____	() Mechanical	\$ <u>5.00</u>	\$ _____	\$ <u>5.00</u>	
ISSUED BY _____	() Demolition	\$ _____	\$ _____	\$ _____	
(Building Official) _____	() Zoning	\$ _____	\$ _____	\$ _____	
OWNER <u>Andrea Andrews</u> PHONE <u>599-8934</u>	() Sign	\$ _____	\$ _____	\$ _____	
ADDRESS <u>732 W Washington Napoleon OH</u>	() Water Tap	\$ _____	\$ _____	\$ _____	
AGENT <u>Von Deylen Pelt</u> PHONE <u>592-4756</u>	() Sewer Tap	\$ _____	\$ _____	\$ _____	
ADDRESS <u>116 E Clinton Napoleon</u>	() Temp Water	\$ _____	\$ _____	\$ _____	
USE: (<input checked="" type="checkbox"/>) Residential () Commercial () Industrial	() Temp Elec.	\$ _____	\$ _____	\$ _____	
() Other _____					
WORK: () New () Addition (<input checked="" type="checkbox"/>) Replacement () Remodel					
ESTIMATED COST = \$ <u>2700⁰⁰</u>	Additional Plan Review:	Structure _____	Electric _____	Hours _____	Hours _____

TOTAL FEES \$ 5.00
 Less Fees Paid \$ 5.00
 BALANCE DUE \$ —

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard

Max Height	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required-Date

WORK INFORMATION

Building: Ground Floor Area _____ sq. ft. Basement Floor Area _____ sq. ft.

Garage Floor Area _____ sq. ft. 2nd Floor Area _____ sq. ft. Other _____ sq. ft.

Size: Length _____ Width _____ Stories _____ Height _____

Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: New furnace