

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: 1020

DATE ISSUED: 03-04-02

ISSUED BY: MRD

JOB LOCATION: 617 WELSTED ST

EST. COST: 18000.00

LOT #:

SUBDIVISION NAME:

OWNER: WILES, MAXINE
ADDRESS: 617 WELSTED ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-7280

AGENT: ROD KUNTZ QUALITY BL
ADDRESS: 11349 CO RD H
CSZ: DELTA, OH 43515
PHONE: 419-337-6501

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

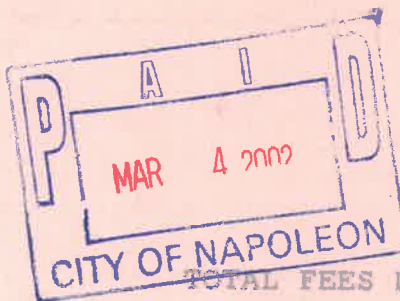
SIZE - LGTH: WIDTH: STORIES: LIVING AREA SF:
GARAGE AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION
REPLACING SIDING

FEE DESCRIPTION PAID DATE FEE AMOUNT DUE

BUILDING PERMIT

73.00



TOTAL FEES DUE 73.00

3-4-02

DATE

Maxine Wiles
APPLICANT SIGNATURE

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 3-4-02 JOB LOCATION 617 Wilsted

LOT # _____ SUBDIVISION NAME _____

OWNER Margie Wiles PHONE 592-7280 work 893-5911
ext 6421

OWNER ADDRESS 617 Wilsted CITY Nap. ZIP 43545

CONTRACTOR Rod Kutz Quality Builders PHONE 337-6501

CONTRACTOR ADDRESS 11349 Co Rd H CITY Delta ZIP 43515

CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: House & garage siding

ESTIMATED COST OF WORK TO BE PERFORMED: \$18,000

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 _____ 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 Margie Wiles Date 3-4-02

PERMIT #: 1020
DATE ISSUED: 03-04-2002

JOB LOCATION: 617 WELSTED ST

OWNER: WILES, MAXINE
OWNER PHONE: 419-592-7280

CONTRACTOR: ROD KUNTZ QUALITY BLDRS
CONTRACTOR PHONE: 419-337-6501

WORK DESCRIPTION: REPLACING SIDING

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: siding 4-5-02

NOTES: _____

INSPECTOR INITIALS: BND