

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: 97222

DATE ISSUED: 06-26-97

ISSUED BY: BND

JOB LOCATION: 645 WELSTED ST

EST. COST: 6500.00

LOT #:

SUBDIVISION NAME:

OWNER: BISCHOFF, KAREN  
ADDRESS: 645 WELSTED ST  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-599-8583

AGENT: EVERDRY WATERPROOFIN  
ADDRESS: 7880 W CENTRAL AVE  
CSZ: TOLEDO, OH 43617  
PHONE: 800-825-6055

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

BASEMENT WATERPROOFING

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

BUILDING PERMIT

49.00



TOTAL FEES DUE

49.00

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DATE

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APPLICANT SIGNATURE

**APPLICATION FOR**

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

**FORM** - 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 \_\_\_\_\_

JOB LOCATION 645 WEIESTEAD

LOT \_\_\_\_\_  
(Subdivision or Legal Description)

ISSUED BY \_\_\_\_\_  
(Building Official)

OWNER Bischoff PHONE 599-8583

ADDRESS 645 WEIESTEAD

AGENT EVERDRY PHONE 419 841-6056

ADDRESS 7880 W. Central Tol. 43617

USE:  Residential ( ) Commercial ( ) Industrial  
( ) Other \_\_\_\_\_

WORK: ( ) New ( ) Addition ( ) Replacement  Remodel

ESTIMATED COST = \$ 6500

	Base	Plus	Total
<input checked="" type="checkbox"/> Building	\$ <u>9.00</u>	\$ <u>40.00</u>	\$ <u>49.00</u>
( ) Electrical	\$ _____	\$ _____	\$ _____
( ) Plumbing	\$ _____	\$ _____	\$ _____
( ) Mechanical	\$ _____	\$ _____	\$ _____
( ) Demolition	\$ _____	\$ _____	\$ _____
( ) Zoning	\$ _____	\$ _____	\$ _____
( ) Sign	\$ _____	\$ _____	\$ _____
( ) Water Tap	\$ _____	\$ _____	\$ _____
( ) Sewer Tap	\$ _____	\$ _____	\$ _____
( ) Temp Water	\$ _____	\$ _____	\$ _____
( ) Temp Elec.	\$ _____	\$ _____	\$ _____
Additional Structure	_____	Hours _____	
Plan Review: Electric	_____	Hours _____	
TOTAL FEES			\$ <u>49.00</u>
Less Fees Paid			\$ _____
BALANCE DUE			\$ <u>49.00</u>

**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: Basement Waterproofing

ANTHONY VALENTINE