

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: 1389

DATE ISSUED: 10-25-02

ISSUED BY: MRD

JOB LOCATION: 724 WELSTED ST

EST. COST: 500.00

LOT #:

SUBDIVISION NAME:

OWNER: SHEAFFER, BEN
ADDRESS: 724 WELSTED ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-3256

AGENT: SELF
ADDRESS:
CSZ:
PHONE:

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
PARTIAL NEW ROOF
SHEETING REPLACED

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		9.00

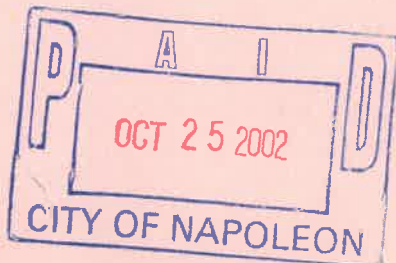
TOTAL FEES DUE 9.00

10/25/02

DATE

[Handwritten Signature]

APPLICANT SIGNATURE



CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1389

DATE ISSUED: 10-25-2002

JOB LOCATION: 724 WELSTED ST

OWNER: SHEAFFER, BEN

OWNER PHONE: 419-592-3256

CONTRACTOR: SELF

CONTRACTOR PHONE:

WORK DESCRIPTION: PARTIAL NEW ROOF

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: _____

NOTES: _____

INSPECTOR INITIALS: _____