

PERMIT

City of Napoleon
255 W. Riverview
Napoleon, OH 43545

Division of Building and Zoning
PH (419) 592-4010
FAX (419) 599-8393

Permit No: 002032

Date Issued: 02-18-04

Issued by: BND

Job Location: 911 WELSTED ST

Est. Cost: 8900.00

Lot #:

Subdivision Name:

Owner: PATTON, EUGENE
Address: 911 WELSTED ST
CSZ: NAPOLEON, OH 43545
Phone: 419-592-6149

Agent: SEAMLESS SIDING & WI
Address: 5511 TELEGRAPH RD
CSZ: TOLEDO, OH 43612
Phone: 419-470-6200

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: Addn'n: Alter: Remodel:

WORK INFORMATION

Size - Lgth: Width: Stories: Living Area SF:
Garage Area SF: Height: Bldg Vol Demo Permit:

WORK DESCRIPTION
SIDING REPLACEMENT

FEE DESCRIPTION PAID DATE FEE AMOUNT DUE
BUILDING PERMIT 55.00



Total Fees Due 55.00

2-18-04
Date

J. Fran 2
Applicant Signature

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE _____ JOB LOCATION 911 Welsted

LOT # _____ SUBDIVISION NAME _____

OWNER Mr. Mrs. Eugene Patton PHONE 419 592 6149

OWNER ADDRESS 911 Welsted CITY Napoleon ZIP 43545

CONTRACTOR SEamless Siding & Windows PHONE 419 470 6200

CONTRACTOR ADDRESS 5511 Telegraph CITY Toledo OH ZIP 43612

CONTRACTOR FAX # 419 470 6207 CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: Apply siding to home

ESTIMATED COST OF WORK TO BE PERFORMED: \$8900.00

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 _____ 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 Joseph E. Corneil Date Feb. 13, 2004

City of Napoleon Inspection Form

Permit #002032

Date Issued: 02-18-2004

Job Location: 911 WELSTED ST

Owner: PATTON, EUGENE

Owner Phone: 419-592-6149

Contractor: SEAMLESS SIDING & WINDOWS

Contractor Phone: 419-470-6200

Work Description: SIDING REPLACEMENT

Plumbing: UNDGR _____ RGHIN _____ FINAL _____

 SEWER INSP _____

Mechanical: UNDGR _____ RGHIN _____ FINAL _____

 FURNACE REPLAC _____ AIR COND _____

Electrical: UNDGR _____ RGHIN _____ FINAL _____

 SEVR UPGR _____

Building: Site _____ FTG _____ FNDDT _____

 STRU _____ ROOF _____ EXT _____

 VENT _____ ACCES _____ EGRS _____

 SMKDT _____ FINAL _____

 ISSUE TEMP OCCUP _____ ISSUE OCCUP _____

STGE Shed: SITE _____ FINAL _____

Sign: FTG _____ FINAL _____

Fence: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

INSPECTORS INITIALS: _____