

THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

Mechanical Permit

Permit Number: MC2006-24

Page 1 of 1

Printed: 8/7/2006

ADDRESS:

1025 Westmont Ave.

Applicant

Approval Date:

Name: Kevins Plumbing & Heating Inc

Address: 806 Stryker St
Archbold, OH 43502

Phone: 419-475-4715

Owners

Name: Ms. Alvira Kruse

Address: 1025 Westmont Ave
Napoleon, OH 43545

Phone: 419-592-9216

Contractors

Contractor Type: HVAC

Name: Kevins Plumbing & Heating Inc

Archbold, OH 43502

Address: 806 Stryker St

Phone: 419-475-4715

Fees and Receipts:

Number	Description	Amount
FEE2006-349	replacing a/c or furnace	\$5.00
FEE2006-350	replacing a/c or furnace	\$5.00

Total Fees: \$10.00

RCPT2006-166 \$10.00

Total Receipts: \$10.00

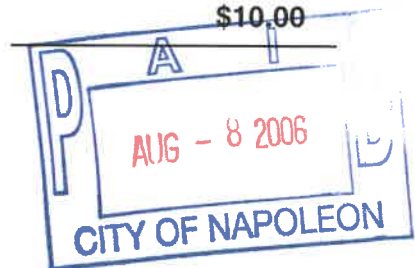
Hot Air Runs

replacing a/c & furnace

APPLICANTS SIGNATURE:



SCANNED



DATE: 8-7-06

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMOLITIONS, REMODELING.

DATE: 8-7 JOB LOCATION: 1025 Westmont Ave

OWNER: Alving Kruse PHONE: 592-9216

OWNER ADDRESS: 1025 Westmont Ave CITY: Napoleon ZIP: 43545

CONTRACTOR: Krems Plumbing & Heating

PHONE #: 419-445-475 CELL PHONE# _____

CONTRACTOR LICENSED WITH THE CITY OF NAPOLEON?: YES NO:

Is any of the above job going to be subcontracted out? Yes No:

If yes to whom: _____

DESCRIPTION OF WORK TO BE PERFORMED:

ESTIMATED COMPLETION DATE: _____

PLEASE MARK THE TYPE OF WORK YOU WILL BE PERFORMING

- | | |
|---|---|
| <input checked="" type="checkbox"/> A/C ADD ON <u>Replacement</u> | <input type="checkbox"/> REMODELING |
| <input type="checkbox"/> BOILER REPLACEMENT | <input type="checkbox"/> ROOFING |
| <input type="checkbox"/> CURBING | <input type="checkbox"/> SEWER REPAIRS** |
| <input type="checkbox"/> DECKS * | <input type="checkbox"/> SIDEWALK* |
| <input type="checkbox"/> DRIVEWAY* | <input type="checkbox"/> SIDING |
| <input type="checkbox"/> ELECTRICAL SERVICE UPGRADE | <input type="checkbox"/> STORAGE SHED* |
| <input type="checkbox"/> ELECTRICAL SERVICE NEW | <input type="checkbox"/> SWIMMING POOL* |
| <input type="checkbox"/> FENCE* | <input checked="" type="checkbox"/> FURNACE REPLACEMENT |
| <input type="checkbox"/> ADDITIONS* | <input type="checkbox"/> TEMP ELECTRIC |
| <input type="checkbox"/> FURNACE NEW | <input type="checkbox"/> WATER TAP (size _____") |
| <input type="checkbox"/> LAWN METER | <input type="checkbox"/> WINDOWS |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ZONING |

*PLEASE INCLUDE A PICTURE SHOWING MEASUREMENTS FROM EXISTING STRUCTURES AND PROPERTY LINES. INDICATING THE TYPE OF WORK YOU WISH TO PERFORM.

** IF WORK REQUIRES GOING INTO THE STREET A STREET BOND IS REQUIRED!

FOR PERMIT COSTS PLEASE FILL OUT REVERSE SIDE.