

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: 230

DATE ISSUED: 07-13-00

ISSUED BY: BND

JOB LOCATION: 1095 WESTMONT AVE

EST. COST: 5059.00

LOT #:

SUBDIVISION NAME:

OWNER: SNYDER, PEGGY
ADDRESS: 1095 WESTMONT AVE
CSZ: NAPOLEON, OH 43545
PHONE:

AGENT: DAMMAN PLBG & HTG
ADDRESS: N-033 CO RD 17D
CSZ: OKOLONA, OH 43550
PHONE: 419-758-3116

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:

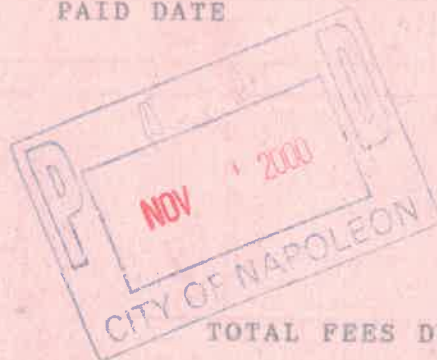
WORK TYPE - NEW: REPLMNT: ADD'N: X ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION
A/C ADD ON RADIATION

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
ELECTRICAL PERMIT		6.00
MECHANICAL PERMIT		8.00



TOTAL FEES DUE 14.00

DATE

APPLICANT SIGNATURE

Please complete this form for each job.

Fill areas marked *

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

* DATE 7/13/2000 * JOB LOCATION 1095 Westmont

LOT # _____ SUBDIVISION NAME _____

* OWNER Peg Snyder * PHONE _____

* OWNER ADDRESS 1095 Westmont * CITY Napoleon * ZIP OH

* CONTRACTOR Damman Plbg, Htg & AC * PHONE 758-3116

* CONTRACTOR ADDRESS N-033 Co. Rd 17-0 * CITY Kolona * ZIP 43550

CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____

* DESCRIPTION OF WORK TO BE PERFORMED: A/C add radiation (26ft)

* ESTIMATED COST OF WORK TO BE PERFORMED: \$ 5059.00

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 Address _____ City _____ Phone _____ Fax _____ St _____ Zip _____

Electrical Contractor Address _____ City _____ Phone _____ Fax _____ St _____ Zip _____

Plumbing Contractor Address _____ City _____ Phone _____ Fax _____ St _____ Zip _____

Heating Contractor Address _____ City _____ Phone _____ Fax _____ St _____ Zip _____

Insulation Contractor Address _____ City _____ Phone _____ Fax _____ St _____ Zip _____

Other Contractor attach information.

ZONING INFORMATION (to be completed by City): District _____ Lot Dimensions _____
Lot Area _____ FRSB _____ SY5B _____ RYSB _____ Max Ht _____ ft Max Cov _____ %

I by signing below agree to comply with all applicable City of Napoleon Codes & Ordinances and following the work terms conditions. I understand that all work for which a permit is issued is required to be approved by the building department of the City of Napoleon.

* Applicant Signature Jessica M. Kinde Date 7/13/2000