

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: 1623

DATE ISSUED: 05-20-03

ISSUED BY: BND

JOB LOCATION: 1155 WESTMONT AVE

EST. COST: 4500.00

LOT #: 30

SUBDIVISION NAME: GERKEN HOEFFEL

OWNER: ANDERSON, LEE
ADDRESS: 838 HOBSON ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-3358

AGENT: MOCK BUEHRER BUILDER
ADDRESS: P-707 CO RD 16
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-0825

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

DECK AROUND → *SITE PLAN, FOOTPRINT* ~~NO SITE PLAN~~
POOL → *SIZE; LOCATION*

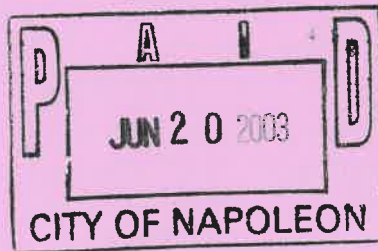
FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

BUILDING PERMIT

47.00



TOTAL FEES DUE

47.00

6-20-03

DATE

[Handwritten Signature]

APPLICANT SIGNATURE

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1623

DATE ISSUED: 05-20-2003

JOB LOCATION: 1155 WESTMONT AVE

OWNER: ANDERSON, LEE

OWNER PHONE:

CONTRACTOR: MOCK BUEHRER BUILDERS

CONTRACTOR PHONE:

WORK DESCRIPTION:

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDT _____

STRUC _____ ROOF _____ EXT _____

VENT _____ ACCES _____ EGRS _____

SMKDT _____ FINAL 11-5-03

ISSUE TEMP OCCUP _____ ISSUE OCCUP _____

STRG SHED: SITE _____ FINAL _____

SIGN: FTG _____ FINAL _____

FENCE: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

INSPECTOR INITIALS: BND

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 5-20-03 JOB LOCATION 1155 WESTMONT AVE

LOT # _____ SUBDIVISION NAME _____

OWNER LEE ANDERSON PHONE _____

OWNER ADDRESS 1155 WESTMONT CITY _____ ZIP _____

CONTRACTOR MOCK & BUEHER PHONE 392-6193 (NEIL MOCK)

CONTRACTOR ADDRESS _____ CITY _____ ZIP _____

CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: DRIVE EXTENSION; DECK AROUND ^{Pool} ~~BASEMENT~~

ESTIMATED COST OF WORK TO BE PERFORMED: 100000 \$ 4500.00

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 _____

Hearing 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 _____ 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 _____ Date _____

Permit # 1623