

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: 99189

DATE ISSUED: 06-11-99

ISSUED BY: BND

JOB LOCATION: 845 WESTMONT AVE

EST. COST: 1800.00

LOT #:

SUBDIVISION NAME:

OWNER: BARBER, MIKE
ADDRESS: 845 WESTMONT AVE
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-5574

AGENT: VONDEYLEN PLBG & HTG
ADDRESS: 116 E CLINTON ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-4756

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
A/C-ADD ON

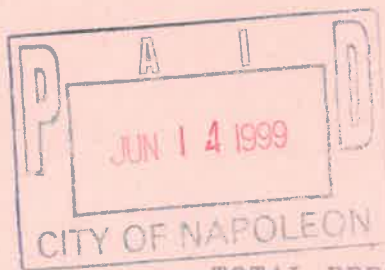
FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

MECHANICAL PERMIT

11.00



TOTAL FEES DUE

11.00

DATE

APPLICANT SIGNATURE

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 99189

DATE ISSUED: 06-11-99

JOB LOCATION: 845 WESTMONT AVE

OWNER: BARBER, MIKE

OWNER PHONE: 419-592-5574

CONTRACTOR: VONDEYLEN PLBG & HTG

CONTRACTOR PHONE: 419-592-4756

WORK DESCRIPTION: A/C ADD ON

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 _____

ISSUE TEMP OCCUP _____ ISSUE OCCUP _____

STRG SHED: SITE _____ FINAL _____

SIGN: FTG _____ FINAL _____

FENCE: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

INSPECTOR INITIALS: _____

APPLICATION FOR

Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit

FROM - The City of Napoleon, Ohio, Building Department

255 West Riverview Avenue; P.O. Box 151; Napoleon, Ohio 43545 - Telephone (419) 592-4010

ENTRY NO. _____		<u>Base</u>	<u>Plus</u>	<u>Total</u>
PERMIT NO. _____ ISSUED _____	() Building	\$ _____	\$ _____	\$ _____
JOB LOCATION <u>845 Westmont</u>	() Electrical	\$ <u>3.00</u>	\$ <u>3.00</u>	\$ <u>6.00</u>
LOT _____	() Plumbing	\$ _____	\$ _____	\$ _____
(Subdivision or Legal Description) _____	() Mechanical	\$ <u>5.00</u>	\$ _____	\$ <u>5.00</u>
ISSUED BY _____	() Demolition	\$ _____	\$ _____	\$ _____
(Building Official) _____	() Zoning	\$ _____	\$ _____	\$ _____
OWNER <u>Mike Barber</u> PHONE <u>592-5574</u>	() Sign	\$ _____	\$ _____	\$ _____
ADDRESS <u>845 Westmont Napoleon</u>	() Water Tap	\$ _____	\$ _____	\$ _____
AGENT <u>Von Deylen P&H</u> PHONE <u>592-4756</u>	() Sewer Tap	\$ _____	\$ _____	\$ _____
ADDRESS <u>116 E Clinton</u>	() Temp Water	\$ _____	\$ _____	\$ _____
USE: (X) Residential () Commercial () Industrial	() Temp Elec.	\$ _____	\$ _____	\$ _____
() Other _____				
WORK: () New (X) Addition () Replacement () Remodel				
ESTIMATED COST = \$ <u>1800⁰⁰</u>	Additional Structure _____ Hours _____			
	Plan Review: Electric _____ Hours _____			

TOTAL FEES	\$ <u>11.00</u>
Less Fees Paid	\$ <u>11.00</u>
BALANCE DUE	\$ <u> </u>

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard

Max Height	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required-Date

WORK INFORMATION

Building: Ground Floor Area _____ sq. ft. Basement Floor Area _____ sq. ft.

Garage Floor Area _____ sq. ft. 2nd Floor Area _____ sq. ft. Other _____ sq. ft.

Size: Length _____ Width _____ Stories _____ Height _____

Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: Install central A/C