

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: 132

DATE ISSUED: 05-24-00

ISSUED BY: BND

JOB LOCATION: 1010 WESTMORELAND AVE

EST. COST: 8000.00

LOT #: 2

SUBDIVISION NAME: GERMAN MUTUAL

OWNER: RODENBERGER FUNERAL HOME  
ADDRESS: 310 FRANK ST  
CSZ: MCCLURE, OH 43534  
PHONE: 419-748-8011

AGENT: BC LAWN CARE SERV  
ADDRESS: P862 CO RD 16  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-8740

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

WORK DESCRIPTION

LAWN SPRINKLER SYSTEM

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

PLUMBING PERMIT

53.00

TOTAL FEES DUE

53.00

DATE

APPLICANT SIGNATURE



# CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 5/19/00 JOB LOCATION 1010 Westmoreland

LOT # \_\_\_\_\_ SUBDIVISION NAME \_\_\_\_\_

OWNER Rosenberger Funeral Home PHONE \_\_\_\_\_

OWNER ADDRESS 1010 Westmoreland CITY Napoleon ZIP 43845

CONTRACTOR BC Lawn Care Service PHONE 419 592-8740

CONTRACTOR ADDRESS P.O. Box 678 CITY Napoleon, OH ZIP 43845

CONTRACTOR FAX # 419 599-9331 CELL PHONE (Opt.) 419 591-2101

DESCRIPTION OF WORK TO BE PERFORMED: Underground Lawn Sprinklers

ESTIMATED COST OF WORK TO BE PERFORMED: \$8,000.00

## 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 [Signature] Date 5/19/00