

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: 1577

DATE ISSUED: 04-16-03

ISSUED BY: BND

JOB LOCATION: 1044 WILLARD ST

EST. COST: 2500.00

LOT #:

SUBDIVISION NAME:

OWNER: ELLERBROCK, KEN
ADDRESS: 1044 WILLARD ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-7693

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
SEWER REPAIRS

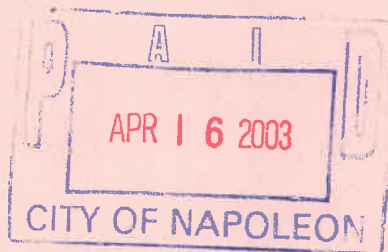
FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

SEWER INSPECTION PER

25.00



TOTAL FEES DUE

25.00

DATE

APPLICANT SIGNATURE

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 4-14-03 JOB LOCATION 1044 Willard
LOT # _____ SUBDIVISION NAME _____
OWNER Ken Ellerbrock PHONE 592-7693
OWNER ADDRESS 1044 Willard CITY Napoleon ZIP 43545
CONTRACTOR Von Deylen Plbg+Htg, Inc PHONE 592-4756
CONTRACTOR ADDRESS 116 E. Clinton CITY Napoleon ZIP 43545
CONTRACTOR FAX # 592-2545 CELL PHONE (Opt.) _____
DESCRIPTION OF WORK TO BE PERFORMED: Replace Sewer
ESTIMATED COST OF WORK TO BE PERFORMED: 2500-

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.

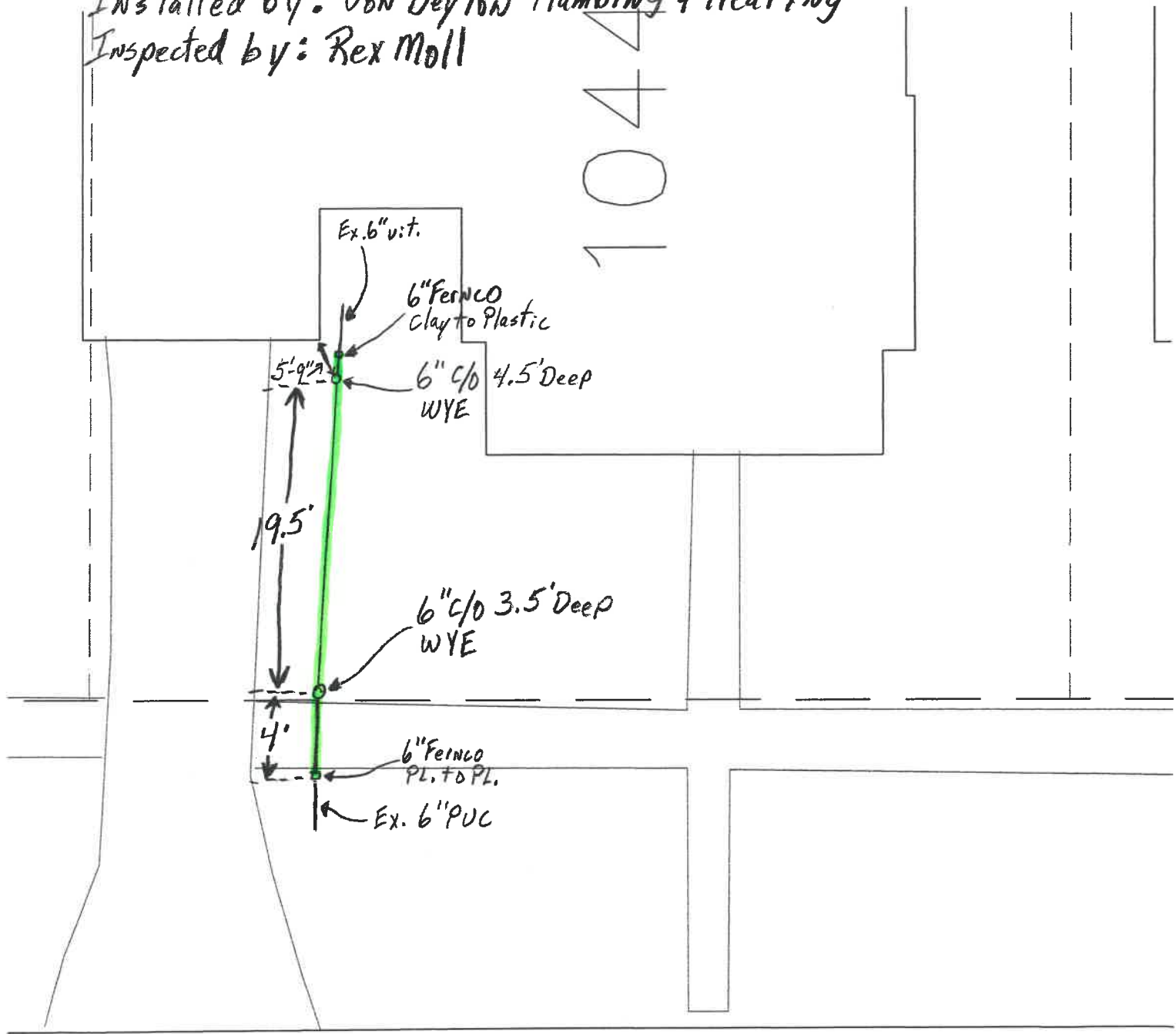
Applicant Signature Dorrell L. Fisher Date 4-14-03

\$ 25 00

Date Installed: 4-3-03

Installed by: Von Deylon Plumbing + Heating

Inspected by: Rex Moll



KEN OVERBROOK
1044 WILLARD

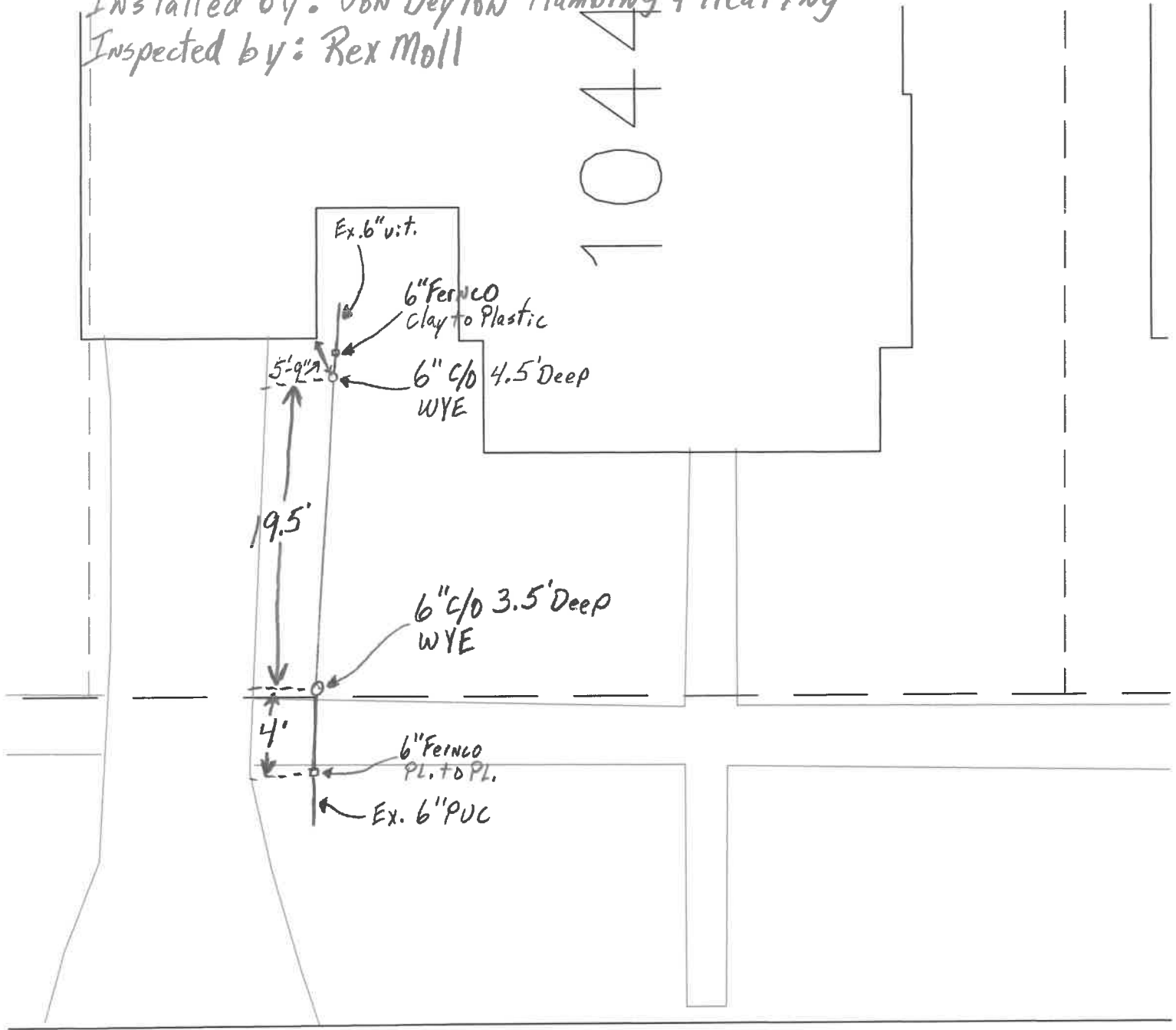
4 N
1"=10'

Date Installed: 4-3-03

Installed by: Von Deylon Plumbing + Heating

Inspected by: Rex Moll

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KEN CLERBERG
1044 WILLARD

4
1"=10'