CITY OF NAPOLEON GENERAL PER	
THIS APPLICATION IS FOR RESIDENTAL CONSTRUCTION INC PLUMBING, MECHANICAL & REMO	CLUDING BUILDING, ELECTRICAL, DELING
DATE 10.10.14 JOB LOCATION 1055 WILLARY	
OWNER TWINLAKES HOLDINGS LLC	TELEPHONE # <u>4/9_</u>
OWNER ADDRESS 1/44 WoodLAWAY AVE	
CONTRACTOR	CELL PHONE # 9 4/
DESCRIPTION OF WORK TO BE PERFORMED Build 16x12 Dec	K. REMODEL KITCHE
UPERADE ELECTRIC DORGLACE CONCRET	E, UPGRADE PLUMBIA
TO COMPANY OF A CO	MATED COST
Affected Floor Area (AFA): In existing structures, it is the area affected by the improvement only the room and not all the rooms).	nt, i.e. a new wall dividing a room (the AFA
DESCRIPTION	FEE TOTAL COS
BUILDING:	
Decks	\$25.00 \$
Addition & Alterations Square foot in (AFA)x \$0.05 = \$	+ \$25.00 = \$ 25°°
Garage and Shed over 200 SF (Detached)	\$25.00 \$
Siding and/or Roofing	\$25.00 \$
Windows/Doors	\$25.00 \$
ELECTRICAL:	
Electrical Circuits in (AFA) x \$3.00/Circuit = \$	<u>+ \$25.00 = \$ 25 °°</u>
Electrical Service Upgrade	\$25.00 \$
MECHANICAL:	
Water Heater	\$25.00 \$
Furnace and/or AC Replacement	\$25.00 \$
PLUMBING:  Plumbing Traps in (AFA) x \$3.00/Trap = \$	+ \$25.00 = \$ \$\arrow{2}5^{\circ}\$
7	
TOTAL plus Ohio Board of Building	
FILLY HADEDCTAND THAT HO PROJUCTION CONSTRUCTION OF STREET	TOTAL FEE: \$ 75 7
I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE AI PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON	ROVE SHALL RELINDEDTAKEN OD DEDECDA
I hereby certify that I am the Owner of the named property, or that the proposed work is authorized by the Owner of r application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, the code official or the code official's authorized representative shall have the authority to enter areas covered by suc applicable to such permit.	if a nermit for Work described in this application is is a
I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABO	VE LISTED INSTRUCTIONS.
SIGNATURE OF APPLICANT:	DATE:
PRINT NAME:	
PERMIT#BATCH# 30894 CHECK#	645 DATE 10-10-14

10-13-14 KH

