

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: 701                      DATE ISSUED: 07-19-01                      ISSUED BY: BND

JOB LOCATION: 1055 WILLARD ST                      EST. COST: 5875.00

LOT #:    SUBDIVISION NAME:

|                            |                                |
|----------------------------|--------------------------------|
| OWNER: BEHNFELDT, DENNIS E | AGENT: E ROTH ELEC DBA PRAA    |
| ADDRESS: 1055 WILLARD ST   | ADDRESS: 6864 STATE HIGHWAY 66 |
| CSZ: NAPOLEON, OH 43545    | CSZ: ARCHBOLD, OH 43502        |
| PHONE: 419-592-9093        | PHONE: 419-445-3571            |

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: X                      ALTER:                      REMODEL:

WORK INFORMATION

|                 |         |                       |                 |
|-----------------|---------|-----------------------|-----------------|
| SIZE - LGTH:    | WIDTH:  | STORIES:              | LIVING AREA SF: |
| GARAGE AREA SF: | HEIGHT: | BLDG VOL DEMO PERMIT: |                 |

WORK DESCRIPTION

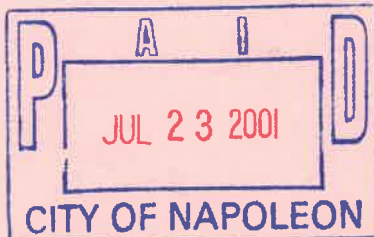
FURNACE & A/C INSTALLATION

| FEE DESCRIPTION   | PAID DATE | FEE AMOUNT DUE |
|-------------------|-----------|----------------|
| ELECTRICAL PERMIT |           | 16.00          |

TOTAL FEES DUE                      16.00

DATE

APPLICANT SIGNATURE



# CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 07/19/01 JOB LOCATION 1055 Willard St.

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

OWNER Dennis E. Behnfeldt PHONE (419) 592-9093

OWNER ADDRESS 1055 Willard St. CITY Napoleon ZIP 43545

CONTRACTOR Elden Roth Electric Co. PHONE (419) 445-6406

CONTRACTOR ADDRESS 6964 SH 66 CITY Archbold ZIP 43502

CONTRACTOR FAX # (419) 445-7455 CELL PHONE (Opt.) \_\_\_\_\_

DESCRIPTION OF WORK TO BE PERFORMED: Install new XE90 Natural Gas Furnace & XL1200 A/C Unit

ESTIMATED COST OF WORK TO BE PERFORMED: \$5,875.00

## 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 Elden Roth Electric Co. Phone (419) 445-6406 Fax (419) 445-7455  
Address 6864 SH 66 City Archbold St Ohio Zip 43502

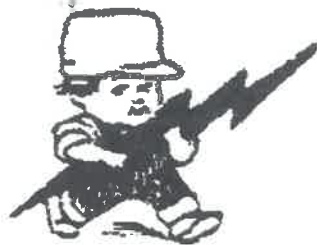
Insulation Contractor \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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 Deborah J. Leopold Date 7-19-01



Elden Roth Electric Co.

DBA Fraas

6864 SH 66

Archbold, Ohio 43502

Phone: (419) 445-6406

Fax: (419) 445-7455

\*\*\*\*\* FAX TRANSMITTAL FORM \*\*\*\*\*

=====

DATE: 7-19-01

TO: Bent Dammen

FROM: Deb

I will be sending check for \$16.00

Thank you.

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Masonry Contractor \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
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Other Contractor attach information.

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Lot Area \_\_\_\_\_ FR5B \_\_\_\_\_ SY5B \_\_\_\_\_ RYSB \_\_\_\_\_ Max Ht \_\_\_\_\_ ft Max Cov \_\_\_\_\_ %

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CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 701

DATE ISSUED: 07-19-2001

JOB LOCATION: 1055 WILLARD ST

OWNER: BEHNFELDT, DENNIS E

OWNER PHONE: 419-592-9093

CONTRACTOR: E ROTH ELEC DBA FRAAS P&H

CONTRACTOR PHONE: 419-445-3571

WORK DESCRIPTION: FURNACE & A/C INSTALLATION

PLUMBING:    UNDGR \_\_\_\_\_    RGHIN \_\_\_\_\_    FINAL \_\_\_\_\_

              SEWER INSP \_\_\_\_\_

MECHANICAL:   UNDGR \_\_\_\_\_    RGHIN \_\_\_\_\_    FINAL \_\_\_\_\_

              FURNACE REPLC \_\_\_\_\_    AIR COND \_\_\_\_\_

ELECTRICAL:   UNDGR \_\_\_\_\_    RGHIN \_\_\_\_\_    FINAL \_\_\_\_\_

              SERV UPGR \_\_\_\_\_

BUILDING:     SITE \_\_\_\_\_    FTG \_\_\_\_\_    FNDDT \_\_\_\_\_

              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: \_\_\_\_\_