

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 8-3-99 JOB LOCATION 1070 WILLARD DR.

LOT # _____ SUBDIVISION NAME _____

OWNER Jeff & ~~COOPER~~ CATHY GRIBLER PHONE 419-592-9279

OWNER ADDRESS 1070 Willard Dr. CITY _____ ZIP _____

CONTRACTOR Associated Home Services PHONE (419) 693-6634

CONTRACTOR ADDRESS 445 EARLWOOD AVE. CITY OREGON ZIP 43616

CONTRACTOR FAX # 419-693-7984 CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: Roofing

ESTIMATED COST OF WORK TO BE PERFORMED: \$3,214.00 \$36.00

WORK INFORMATION

BUILDING: Basement Floor Area _____ Sq. Ft. 1st Story Living Area _____ Sq. Ft.
2nd Floor Living Area NA Sq. Ft. Garage Floor Area NA Sq. Ft.

BUILDING SIZE: Length _____ Width _____ Stories 1 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 Jim Reardon Date 8-3-99