

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: 99057

DATE ISSUED: 03-05-99

ISSUED BY: BND

JOB LOCATION: 1071 WILLARD ST

EST. COST: 3725.00

LOT #:

SUBDIVISION NAME:

OWNER: ZACHRICH, CHRISTOPHER
ADDRESS: 1071 WILLARD ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-3692

AGENT: D&S CONSTRUCTION
ADDRESS: 403 E MAIN ST
CSZ: BELLEVUE, OH 44811
PHONE: 419-483-7211

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

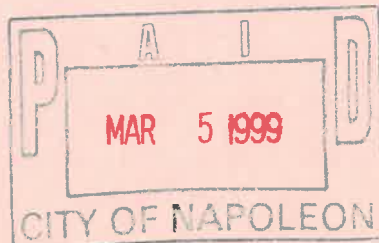
WINDOW REPLACE (6)

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		45.00

TOTAL FEES DUE 45.00

DATE

APPLICANT SIGNATURE



CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 2-22-99 JOB LOCATION 1071 Willard St.

LOT # _____ SUBDIVISION NAME _____

OWNER Christopher & Lynn Zachrich PHONE 419/592-3692

OWNER ADDRESS 1071 Willard St. CITY Napoleon ZIP 43545

CONTRACTOR Erie Construction mid-west, Inc. PHONE 419/480-1328

CONTRACTOR ADDRESS 15247 Secor Rd. #9 CITY Toledo ZIP 43623

CONTRACTOR FAX # 419/480-1337 CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: replacement windows (6) - (1) storm door ^{no opening changes}

ESTIMATED COST OF WORK TO BE PERFORMED: \$3725.-

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 _____ S' SB _____ 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 Wendy Lewis/rep for E.C. mid-west Date 2-23-99