

PERMIT

City of Napoleon
255 W. Riverview
Napoleon, OH 43545

Division of Building and Zoning
PH (419) 592-4010
FAX (419) 599-8393

Permit No: 002228

Date Issued: 06-16-04

Issued by: BND

Job Location: 1072 WILLARD ST

Est. Cost: 3000.00

Lot #:

Subdivision Name:

Owner: PETERS, HERBERT
Address: 1072 WILLARD ST
CSZ: NAPOLEON, OH 43545
Phone: 419-592-6290

Agent: HOLGATE LUMBER CO.
Address: 215 LEE ST
CSZ: HOLGATE, OH 43527
Phone: 419-264-2331

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: Addn'n: Alter: Remodel:

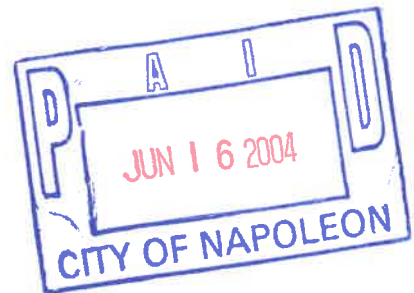
WORK INFORMATION

Size - Lgth: Width: Stories: Living Area SF:
Garage Area SF: Height: Bldg Vol Demo Permit:

WORK DESCRIPTION
CAR PORT ADDITION

FEE DESCRIPTION PAID DATE FEE AMOUNT DUE
BUILDING PERMIT 06-16-04 36.00

Total Fees Due 36.00



6-16-04
Date

Brian D. Lile
Applicant Signature

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 6-8-04 JOB LOCATION 1072 Willard St
LOT # _____ SUBDIVISION NAME _____
OWNER HERB PETERS PHONE 419-592-6290
OWNER ADDRESS 1072 Willard St CITY NAPOLEON ZIP 43545
CONTRACTOR Holgate Lumber PHONE 419-264-2331
CONTRACTOR ADDRESS P.O. Box 157 CITY Holgate ZIP 43527
CONTRACTOR FAX # 419-264-6681 CELL PHONE (Opt) _____
DESCRIPTION OF WORK TO BE PERFORMED: CAR POET
ESTIMATED COST OF WORK TO BE PERFORMED: \$3000-

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 24' Width 16' Stories 1 Height 7' 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 _____

Hearing 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 Brian D. Liles Date 6-8-04