

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: 99196 DATE ISSUED: 06-17-99 ISSUED BY: MBS
JOB LOCATION: 1130 WILLARD ST EST. COST: 5732.00

LOT #: SUBDIVISION NAME:

OWNER: PEDROZA, LORENZO AGENT: DILLY DOOR CO
ADDRESS: 1130 WILLARD ST ADDRESS: 850 CARPENTER RD
CSZ: NAPOLEON, OH 43545 CSZ: DEFIANCE, OH 43512
PHONE: 419-592-2541 PHONE: 419-782-1181

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

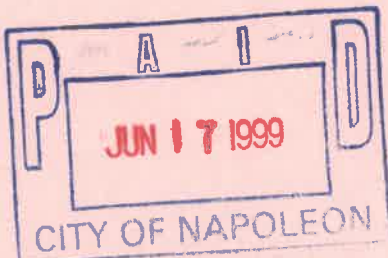
SIDING ADDITION AND ROOF REPLACEMENT

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		49.00

TOTAL FEES DUE 49.00

DATE

APPLICANT SIGNATURE



Complete areas marked *

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

* DATE 6/15/99 * JOB LOCATION 1130 WILLARD

LOT # _____ SUBDIVISION NAME _____

* OWNER LORENZO PEDROZA * PHONE (419) 592-2541

* OWNER ADDRESS 1130 WILLARD * CITY NAPOLEON ZIP 43545

* CONTRACTOR DILLY DOOR CO PHONE _____

CONTRACTOR ADDRESS _____ CITY _____ ZIP _____

CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____

* DESCRIPTION OF WORK TO BE PERFORMED: SIDING, TRIMOUT, GUTTER- ROOF (NO SHEATHING)

* ESTIMATED COST OF WORK TO BE PERFORMED: 5732.00 3112.00 (ROOFING)

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 _____ FR5B _____ SY5B _____ RY5B _____ 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 Shane Pittman * Date 6/15/99

\$ 49.00 Check # 20538
mailed 6/15/99