THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT 255 W. RIVERVIEW (419) 592-4010

Bui	lding	Permit
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Page 1 of 1

Permit Number: BP2008-177

Printed: 9/29/2008

ADDRESS:

1005 Woodlawn Ave.

Applicant

Approval Date: 9/29/2008

Name: Tri-County Roofing Address: 13883 Co Rd 162

419-399-3964

Owners

Name:

Mr. Craig Clayton

Address: 1005 Woodlawn Ave

Napoleon, OH 43545

Phone: 419-599-7758

Contractors

Contractor Type:

Builder

Name:

Tri-County Roofing

Paulding, OH 45879

Address: 13883 Co Rd 162

Phone: 419-399-3964

Fees and Receipts:

Number

Description

Reroofing/Siding/Gutters (Auto

FEE2008-641 FEE2008-642

State 1% fee (Calc)

Amount \$61.00 \$0.61

Total Fees:

\$61.61

RCPT2008-396

\$61.61

Total Receipts:

\$61.61

re-roofing

APPLICANTS SIGNATURE:____

DATE:

REMINDER: YOU MUST CALL (419)592-4010 FOR AN INSPECTION



Tri-County Roofing, Inc.

visit us at <u>www.782roof.com</u> 13883 Rd 162 Paulding OH 45879 419-399-3964 419-782-ROOF 419-599-3964 419-238-7666 Fax 419-399-9662



Job Number:

Craig Clayton

Mailing Address:

Job Address:

Name: Phone:

419-599-7758

1005 Woodlawn Ave Napoleon OH 43545 1005 Woodlawn Ave Napoleon OH 43545

JOB DESCRIPTION: House Roof excluding the Main second story and West flat roof section

*Remove all shingles. Inspect the roof decking for warpage, water damage, and proper spacing. Install new 7/16" O.S.B. sheathing at \$ 2.00 per sq. ft. if needed. Install additional nails where necessary to secure the decking. Install heavy gauge 15# roofing felt, wide Quality drip edge, new Arfco pipe vent flashings, other necessary step & counter flashings, and 2 Lomanco 750 slant back roof vents.

Commence original organization in the real property.

Install high density 1/2" black insulation board on the flat roofing area,

Install .060ml EPDM rubber roofing membrane using the design A fully adhered glued down system.

Install all new flashings and standard accessories.

Install metal termination bar around the perimeter of the flat roofing area.

The fall Cik Free tique thigh Definition 30 yr dimensional shingles with a manufacturer's wind warranty of up to 80 mph.

Elk Installation & Warranty: Paint roof accessories using Elk Accessory Paint. (color to match shingles) Install Elk starter strip, Elk Seal-a-Ridge with formula FLX, and install six nails per shingle. As an Elk Everest Level Peak Performance Contractor and by using this installation method, Elk provides the customer with a 100% non-prorated umbrella warranty on labor and materials for the first 15 years - this is above and beyond the manufacturer's standard warranty.

 Rubber Roof Price
 \$ 1,600.00

 Shingled Roof Price
 \$ 2,555.00

 Total Price
 \$ 4,155.00

Shingle Color: choice Drip Edge Color: white

This estimate includes all materials, labor, dump fees, permits, rexes, cleanup and disposel of all debris caused by said work. We will use a magnetic roller over the yard for nails, staples, et.

PAYMENT. Our normal payment terms are 50% upon the acceptance of the job and the balance due day of completion. Any other payment terms must be approved by management. A 1.37% interest charge per month (15.6% APR) will be added to outstanding balances upon completion of work. Your warranty information if applicable, will be sent to you in the mair. We also enclose a customer survey with the receipt. We really appreciate any comments you may have so that we may continue to serve our customers to the best of our ability.

Your signature is an acceptance of this proposal and its terms. This proposal expires in 30 days unless otherwise indicated.

Estimator:

Bill Voiroi

Date: 09/17/09

Accepted by:

Clayton

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMOLITIONS & REMODELING

DATE JOB LOCA	ATION 1005 WOODL	AND AUE		
OWNER CRAIG CA	LAYTON	TELEPHONE #_ 4/9-5599-72		
OWNER ADDRESS 1005 0	WOODLAWN AVE N.	APOLEON OH		
CONTRACTOR TRI- COUL	nty RODFING	CELL PHONE # 419-598-396		
DESCRIPTION OF WORK TO BE F	PERFORMED			
ESTIMATED COMPLETION DATE	E 10/31/n ESTIN	MATED COST 2840 -		
Affected Floor Area (AFA): In existing structures, it is the area affected by the improvement, i.e. a new wall dividing a room (the AFA would be only the room and not all the rooms).				
DESCRIPTION Addition of the control		FEE TOTAL COST		
Addition & Alterations Square foot Electrical Circuits in (A		+ \$25.00 = \$		
		+ \$25.00 = \$		
Plumbing Traps in (A	(AFA) x \$3.00/Trap = \$	+ \$25.00 = \$		
Siding and/or Roofing		\$25.00 \$ 25.00		
Windows/Doors Decks		\$25.00 \$		
		\$25.00 \$		
Garage and Shed over 250 SF (De	etached)	\$25.00 \$		
Electrical Service Upgrade Water Heater		\$25.00 \$		
		\$25.00 \$		
Furnace and/or AC Replacement		\$25.00 \$		
	MBP (100.3100.46510)	Subtotal: \$ 25.00		
(100.0000.427	700) PLUS Ohio Board of Building Standa	ards Fee + 1% \$,25		
		TOTAL FEE: \$ 25,25		
I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON BUILDING/ZONING DEPARTMENT.				
I hereby certify that I am the Owner of the named property, or that the proposed work is authorized by the Owner of record and that I have been authorized by the Owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for Work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s)				
I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.				
SIGNATURE OF APPLICANT:	. //	DATE:		
PRINT NAME:				
BATCH # 252 \\	CHECK# 8855	DATE 10-10-11		
-KH-11-0180				