

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: 002077

Date Issued: 03-23-04

Issued by: BND

Job Location: 1144 WOODLAWN AVE

Est. Cost: 14000.00

Lot #:

Subdivision Name:

Owner: LALONDE, TOM
Address: 1144 WOODLAWN AVE
CSZ: NAPOLEON, OH 43545
Phone: 419-592-6989

Agent: SEAMLESS SIDING & WI
Address: 5511 TELEGRAPH RD
CSZ: TOLEDO, OH 43612
Phone: 419-470-6200

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:
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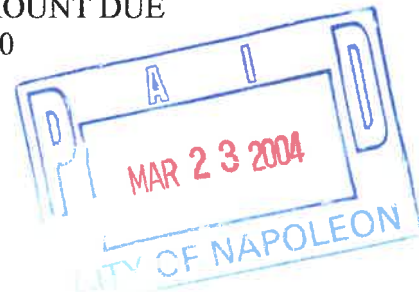
WORK INFORMATION

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

WORK DESCRIPTION

REPLACE SIDING

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		65.00



Total Fees Due

65.00

3-23-04
Date

J. Franz
Applicant Signature

CITY OF NAPOLEON OHIO PERMIT APPLICATION

THIS APPLICATION IS FOR: ELECTRICAL, MECHANICAL, PLUMBING, MECHANICAL, DEMOLITION, REMODELING

DATE _____ JOB LOCATION 1144 Woodlawn

LOT # _____ SUBDIVISION NAME _____

OWNER M/M Thomas Lalonde PHONE 419 592-6989

OWNER ADDRESS 1144 Woodlawn Ave. CITY Napoleon ZIP 43545

CONTRACTOR Seamless Siding & Windows PHONE 419 470-6200

CONTRACTOR ADDRESS 5511 Telegraph RD CITY Toledo ZIP 43612

CONTRACTOR FAX # 419 470-6207 CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: Apply Siding to home & Garage

ESTIMATED COST OF WORK TO BE PERFORMED: \$14,000.

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 _____ SYSB _____ RYSB _____ Max Ht _____ ft Max Cov _____ %

I, the signor 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 *Tom Lalonde* Date 3-22-04