

P E R M I T

CITY OF NAPOLEON
255 W. RIVERVIEW AVE
NAPOLEON, OHIO 43545

DIVISION OF BUILDING & ZONING
PR (419) 592-4010
FAX (419) 599-8393

PERMIT NO: 519

DATE ISSUED: 03-19-01

ISSUED BY: BND

JOB LOCATION: 1228 WOODLAWN AVE

EST. COST: 11148.00

LOT #:

SUBDIVISION NAME:

OWNER: HENRICKS, RYAN
ADDRESS: 1228 WOODLAWN AVE
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-4093

AGENT: QUILLAN BROS INC.
ADDRESS: 06902 US 27
CSZ: BRYAN, OH 43506
PHONE: 419-636-1303

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 REPLACEMENT
18 WINDOWS

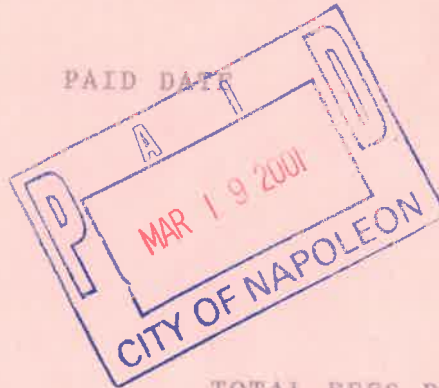
FEE DESCRIPTION

BUILDING PERMIT

PAID DATE

FEE AMOUNT DUE

61.00



TOTAL FEES DUE

61.00

3-19-01

DATE

APPLICANT SIGNATURE

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 19 Mar. 01 JOB LOCATION 1228 Woodlawn Ave
LOT # _____ SUBDIVISION NAME _____
OWNER RYAN Henricks PHONE 419 592 4093
OWNER ADDRESS 1228 Woodlawn Ave CITY Napoleon, OH. ZIP 43545
CONTRACTOR Quillen Bros., Inc. PHONE 419 636 1303
CONTRACTOR ADDRESS 06902 U.S. 127 CITY BRYAN, OH. ZIP 43506
CONTRACTOR FAX # 419 636 2773 CELL PHONE (Opt.) 1 800 216 8311
DESCRIPTION OF WORK TO BE PERFORMED: Replacement Windows
ESTIMATED COST OF WORK TO BE PERFORMED: \$ 11,148⁰⁰

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 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 _____ Date _____