## P1000-11-9014

## CITY OF NAPOLEON GENERAL PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTIAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL. PLUMBING, MECHANICAL & REMODELING JOB LOCATION TELEPHONE # OWNER ADDRESS CONTRACTOR CELL PHONE # REPLACE DESCRIPTION OF WORK TO BE PERFORMED ESTIMATED COMPLETION DATE ESTIMATED COST 500 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 FEE TOTAL COST **BUILDING:** Decks \$25,00 Addition & Alterations Square foot in (AFA) x \$0.05 = \$\$25.00 = \$ Garage and Shed over 200 SF (Detached) \$25.00 \$ Siding and/or Roofing \$25,00 \$ Windows/Doors \$25.00 \$ **ELECTRICAL:** Electrical Circuits in (AFA) x \$3.00/Circuit = \$ \$ \$25.00 =Electrical Service Upgrade \$25.00 \$ MECHANICAL: Water Heater \$25.00 \$ Furnace and/or AC Replacement \$25.00 PLUMBING: Plumbing Traps in (AFA) x \$3.00/Trap = \$\$25.00 = TOTAL plus Ohio Board of Building Standards Fee 1% TOTAL FEE: 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 UNDERTALEN OR PRIFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON BUILDINGS. ONING DEFARTMENT. 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 of make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisduction. In addition, if a permit for Work described in this application is usual, I certify that the code official is authorized representative shall have the authority to enter areas covered by such permit at any reasonable have in anjoine the practical so the code of the code applicable to such permit. I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS. SIGNATURE OF APPLICANT: DATE: PRINT NAME:

CHECK # 16440

2 STRUMENT & ZONO APPLICATION (OF NEW ALL)

DATE 1/12/17

BATCH# 55913