

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

DATE: _____ JOB LOCATION: _____

OWNER: TERRY BURDUY PHONE: 419 599-8478

OWNER ADDRESS: 830 WOODLAWN CITY: NAPOLEON ZIP: 43545

CONTRACTOR: _____

PHONE #: 419 599-8478 CELL PHONE#: 419 260-5779

CONTRACTOR LICENSED WITH THE CITY OF NAPOLEON?: YES NO:

Is any of the above job going to be subcontracted out? Yes No:

If yes to whom: _____

DESCRIPTION OF WORK TO BE PERFORMED: INSTALLING MAIL BOX

ESTIMATED COMPLETION DATE: _____

PLEASE MARK THE TYPE OF WORK YOU WILL BE PERFORMING

- | | |
|--|---|
| <input type="checkbox"/> A/C ADD ON 1% | <input type="checkbox"/> REMODELING 1% |
| <input type="checkbox"/> BOILER REPLACEMENT 1% | <input type="checkbox"/> ROOFING 1% |
| <input type="checkbox"/> CURBING | <input type="checkbox"/> SEWER REPAIRS** |
| <input type="checkbox"/> DECKS * 1% | <input type="checkbox"/> SIDEWALK* |
| <input type="checkbox"/> DRIVEWAY* | <input type="checkbox"/> SIDING 1% |
| <input type="checkbox"/> ELECTRICAL SERVICE UPGRADE 1% | <input type="checkbox"/> SHED* (under 200 sq ft) |
| <input type="checkbox"/> ELECTRICAL SERVICE NEW 1% | <input type="checkbox"/> SHED* (over 200 sqft) 1% |
| <input type="checkbox"/> SWIMMING POOL* 1% | <input type="checkbox"/> FENCE* |
| <input type="checkbox"/> FURNACE REPLACEMENT 1% | <input type="checkbox"/> TEMP ELECTRIC 1% |
| <input type="checkbox"/> ADDITIONS* 1% | <input type="checkbox"/> FURNACE NEW 1% |
| <input type="checkbox"/> WATER TAP (size _____") | <input type="checkbox"/> WINDOWS /DOORS 1% |
| <input type="checkbox"/> LAWN METER 1% | |
| <input type="checkbox"/> PLUMBING 1% | |

x mail box

1%- EFFECTIVE JUNE 1, 2007 BOARD OF BUILDING STANDARDS FEE

*PLEASE INCLUDE A PICTURE SHOWING MEASUREMENTS FROM EXISTING STRUCTURES AND PROPERTY LINES. INDICATING THE TYPE OF WORK YOU WISH TO PERFORM.

** IF WORK REQUIRES GOING INTO THE STREET A STREET BOND IS REQUIRED!

FOR PERMIT COSTS PLEASE FILL OUT REVERSE SIDE.

OFFICE USE ONLY
PERMIT# _____
DUE \$ _____



817

814

822

830

832

838

10" San.

W/L