

**PERMIT**  
**CITY OF NAPOLEON, OHIO - BUILDING DEPARTMENT**  
 255 West Riverview Avenue, Napoleon, Ohio 43545 - (419) 592-4010

Permit No. 3239 Issued 06/21/94  
 Job Location 917 Woodlawn Ave.  
 Lot \_\_\_\_\_  
 Issued by Brent N. DAMman  
 Owner Tom Middleton 599-1116

| FEES   | BASE            | PLUS     | TOTAL           |
|--|-----------------|----------|-----------------|
| <input type="checkbox"/> Building              | \$ _____        | \$ _____ | \$ _____        |
| <input type="checkbox"/> Electrical            | \$ _____        | \$ _____ | \$ _____        |
| <input type="checkbox"/> Plumbing              | \$ _____        | \$ _____ | \$ _____        |
| <input checked="" type="checkbox"/> Mechanical | \$ <b>18.00</b> | \$ _____ | \$ <b>18.00</b> |
| <input type="checkbox"/> Demolition            | \$ _____        | \$ _____ | \$ _____        |
| <input type="checkbox"/> Zoning                | \$ _____        | \$ _____ | \$ _____        |
| <input type="checkbox"/> Sign                  | \$ _____        | \$ _____ | \$ _____        |
| <input type="checkbox"/> Water Tap             | \$ _____        | \$ _____ | \$ _____        |
| <input type="checkbox"/> Sew. Insp.            | \$ _____        | \$ _____ | \$ _____        |
| <input type="checkbox"/> Sewer Tap             | \$ _____        | \$ _____ | \$ _____        |
| <input type="checkbox"/> Temp. Water           | \$ _____        | \$ _____ | \$ _____        |
| <input type="checkbox"/> Temp. Elec.           | \$ _____        | \$ _____ | \$ _____        |
| <b>TOTAL FEES.....</b>                         |                 |          | <b>\$ 18.00</b> |
| <b>LESS FEES PAID.....</b>                     |                 |          | <b>\$ _____</b> |
| <b>BALANCE DUE.....</b>                        |                 |          | <b>\$ _____</b> |

Address 917 Woodlawn Ave. Napoleon, OH  
 Agent Von Deylon Plbg & Htg 592-4756  
 Address 116 E. Clinton St.  
 Use Type - Residential X  
 Other - Describe \_\_\_\_\_  
 No. Dwelling Units \_\_\_\_\_  
 New X Replacement \_\_\_\_\_  
 Add'n. Alter Remodel \_\_\_\_\_  
 Mixed Occupancy \_\_\_\_\_  
 Change of Occupancy \_\_\_\_\_  
 Estimated Cost \$ 2,100.00

**ZONING INFORMATION**

| district | lot dimensions | area          | front yd  | side yd                  | rear yd   |
|----------|----------------|---------------|-----------|--------------------------|-----------|
| max hgt  | no pkg spaces  | no ldg spaces | max cover | petition or appeal req'd | date appr |

**WORK INFORMATION**

Size: Length \_\_\_\_\_ Width \_\_\_\_\_ Stories \_\_\_\_\_ Ground Floor Area \_\_\_\_\_  
 Height \_\_\_\_\_ Building Volume (for Demo. Permit) \_\_\_\_\_

Electrical: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Mechanical: New A/C

Additional Information: \_\_\_\_\_

Date 6-21-94 Applicant Signature *Ronald L. Fisher*



