

THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

Mechanical Permit

Permit Number: MC2005-98

Page 1 of 1

Printed: 12/22/2005

Property Address: 944 Woodlawn Ave.

Applicant

Address: Elling Plumbing & Heating
T 487 ST HWY 108
Napoleon, OH 43545

Approval Date: 12/22/2005

Phone: 419-598-8991

Owners

Name: Mr. Scott Gray
944 Woodlawn Ave
Napoleon, OH 43545

Phone: 419-592-0408

Contractors

Address: Elling Plumbing & Heating
T 487 ST HWY 108
Napoleon, OH 43545

Phone 419-598-8991

Fees and Receipts:

Number	Description	Amount
FEE2005-918	replacing a/c or furnace	\$5.00

Total Fees: \$5.00

Description of work to be done:

Furnace replacement



Applicant signature: _____

Carl H. Elling

Date: _____

12-28-05

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

DATE: 12-22-05 JOB LOCATION: 944 WOODLAWN

OWNER: SCOTT GRAY PHONE: 592-0408

OWNER ADDRESS: 944 WOODLAWN CITY: NAP ZIP: 43545

CONTRACTOR: ELLING PHONE: 598-8991

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

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

If yes to whom: _____

DESCRIPTION OF WORK TO BE PERFORMED: FURNACE REPLACEMENT

PLEASE MARK THE TYPE OF WORK YOU WILL BE PERFORMING

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

*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.

City of Napoleon

BUILDING & ZONING DEPARTMENT

255 W Riverview

(419)592-4010

F

Inspection Record

Inspection #: INSP2005-461

Page: 1

Printed: 12/22/2005

Address: 944 Woodlawn Ave.
Napoleon, OH 43545

Reference #: MC2005-98

Applicant: Mr. Scott Gray

Directions To Parcel:

Inspection Type: Mechanical Final

Date: 12/22/2005

Inspector: Tom

Status: Complete

Passed?

Required Steps:

Comments:

Inspection Checklist:

Corrections:

Correction Code:

Date:

Correction Description:

Status:

Correction Made Date:

Conditions:

Condition Code:

Description:

Date:

Department:

Status:

Other Fields: