

CITY OF NAPOLEON

BUILDING CONSTRUCTION PERMIT

Owner Name Edwin Cheryl
 Address St 4 Box 141
 Builder Name Cheryl Construction
 Address _____ Tel. 385-5003

Permit No. 63
 Issued 7-18-69
 By Carl W. Ingle
 Building Inspector
 Estimated Cost 72000.00

Lot Information:

930 Kenilworth
 Street No. Kenilworth
 Lot _____ Subdivision _____
 Lot Dimensions 70x110 Lot Area 7700 Sq. Ft.
 Yard Set Back: Front 46' 8" Rear 27
 Side 7 Side 7

Building Information:

Residence _____ Commercial _____ Industrial _____
 Single Double _____ Multiple _____ New Construction Addition _____ Remodel _____
 Size: Length 56' Width 28' No. of Stories 1
 Floor Area: 1st Floor 1376 sq ft 2nd Floor _____ 3rd Floor _____ Basement _____
 Unfinished Attic _____ Garage 16x24
 Foundation: Piers _____ Full Basement _____ Part Basement _____
 Concrete _____ Block
 Walls: Frame Block _____ Brick _____ Other _____
 Electrical Outlets: 120v 35 240v _____
 Plumbing: Fixtures _____ Traps _____ Vents 2 Heating _____ Air Conditioning _____
 Additional Information: _____

Date 7-17-69 Applicant Signature Edwin Cheryl
 Owner - Builder - Agent

Inspection Record:

Work Started _____ Foundations 7-22-69 Plumbing, Heating _____
 Set Back, Side Lines _____ Plumbing (Rough In) 8-14-69 And Air Conditioning _____
 Excavation _____ Erecting Frame 7-20-69 Roof 8-1-69
 Footing 7-20-69 Electrical Work _____

Comments: sub floor 100% 7-29-69 same 9-8
Final plumbing insp. 7-17-70

Certificate of Occupancy Issued 7-17-70

Carl W. Ingle
 Inspector

Fees	Base	Plus	Total
Construction	<u>500.</u>		<u>500.</u>
Basement			
Detached Garage			
Plumbing			
Electrical	<u>300.</u>	<u>400.</u>	<u>700.</u>
Heating	<u>600.</u>		<u>600.</u>
Air Conditioning			
Total			<u>2200.</u>

APPLICATION FOR PERMIT TO TAP SEWER

No. 325

Date July 18, 19 69

Name Edwin Eberly

Address _____

LOCATION OF CONNECTION

Street and Number 930 Kenilwood

Lot No. 23

Addition Spangler

Date work will start _____ (All work must be inspected)

Work will be done by _____

I certify that the sewer will be used only as indicated and no other drainage will be connected.

Applicant _____

Date _____

Address _____

Permit Fee \$60.00

P.W. Schweinhagen
Certification by City Clerk C.B.

Work inspected _____

Work completed _____

Remarks _____