

P E R M I T

CITY OF NAPOLEON
255 W. RIVERVIEW AVE
NAPOLEON, OHIO 43545

DIVISION OF BUILDING & ZONING
PH (419) 592-4010
FAX (419) 599-8393

PERMIT NO: 1 DATE ISSUED: 01-31-00 ISSUED BY: BND
JOB LOCATION: 124 MEEKISON ST EST. COST: 18700.00

LOT #: SUBDIVISION NAME:
OWNER: SWARTZLANDER, EMMA AGENT: ALL AMERICAN CONST
ADDRESS: 124 MEEKISON ST ADDRESS: 2010 N REYNOLDS RD
CSZ: NAPOLEON, OH 43545 CSZ: TOLEDO, OH 43615
PHONE: 419-592-2220 PHONE: 419-531-7808

USE TYPE - RESIDENTIAL: OTHER:

ZONING INFORMATION

DIST: LOT DIM: AREA: FYRD: SYRD: RYRD:
MAX HT: # PKG SPACES: # LOADING SP: MAX LOT COV:

BOARD OF ZONING APPEALS:

WORK TYPE - NEW: REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

SIZE - LGTH: WIDTH: STORIES: LIVING AREA SF:
GARAGE AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION
REMODEL

17446

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		75.00
PLUMBING PERMIT		9.00
REINSPECTION		50.00

TOTAL FEES DUE 134.00

DATE

APPLICANT SIGNATURE



CITY OF NAPOLEON OHIO PERMIT APPLICATION

THIS APPLICATION IS FOR GENERAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMOLITION, REMODELING.

DATE 1-31-00 JOB LOCATION 124 MeeKison St.

LOT # _____ SUBDIVISION NAME _____

OWNER Emma Swartzlander PHONE 592-2220

OWNER ADDRESS 124 MeeKison St. city Napoleon, OH 43545

CONTRACTOR 411 American Const PHONE 531-7808

CONTRACTOR ADDRESS 2010 N. Reynolds St. city Toledo OH 43615

CONTRACTOR FAX # 531-8630 CELL PHONE (Opt) _____

DESCRIPTION OF WORK TO BE PERFORMED: Remodel

ESTIMATED COST OF WORK TO BE PERFORMED: 18,700.00

WORK INFORMATION

BUILDING: Basement Floor Area _____ Sq. Ft. 1st Story Living Area _____ Sq. Ft.

2nd Floor Living Area _____ Sq. Ft. Garage Floor Area _____ Sq. Ft.

BUILDING SIZE: Length _____ Width _____ Stories _____ Height _____ DEMO VOL _____

Masonry Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Electrical Contractor Real Bright Electric Phone 536-5403 Fax _____
Address P.O. Box 2971 City Toledo St _____ Zip 43606

Plumbing Contractor _____ Phone 542-9013 Fax _____
Address _____ City _____ St _____ Zip _____

Heating Contractor Gardner Htg + A/C *Phone 542-9013 *Fax _____
* Address 108 P. HIGH ST. * City HICKSVILLE St ohio *Zip 43526

Insulation Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Other Contractor attach information.

ZONING INFORMATION (to be completed by City): District _____ Lot Dimensions _____
Lot Area _____ ERSB _____ SYSB _____ RYSB _____ Max Ht _____ ft Max Cov _____ %

I, by signing below agree to comply with all applicable City of Napoleon Codes & Ordinances while performing the work herein described. I understand that all work for which a permit is issued is required to be approved by the building inspector of the City of Napoleon.

* Applicant Signature [Signature] Date 2-1-2000

↑
Please sign + date

*complete areas marked **

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