

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: 362 DATE ISSUED: 10-10-00 ISSUED BY: MBS
JOB LOCATION: 518 ORWIG AVE EST. COST: 3100.00

LOT #: SUBDIVISION NAME:
OWNER: YOCUM, BESSIE AGENT: VONDEYLEN PLBG & HTG
ADDRESS: 518 ORWIG AVE ADDRESS: 116 E CLINTON ST
CSZ: NAPOLEON, OH 43545 CSZ: NAPOLEON, OH 43545
PHONE: 419-592-9060 PHONE: 419-592-4756

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: X ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION
FURNACE REPLACEMENT

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
MECHANICAL PERMIT		5.00

TOTAL FEES DUE 5.00

DATE

APPLICANT SIGNATURE

APPLICATION FOR

Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit
FROM - The City of Napoleon, Ohio, Building Department
 255 West Riverview Avenue; P.O. Box 151; Napoleon, Ohio 43545 - Telephone (419) 592-4010

ENTRY NO. _____

PERMIT NO. _____ ISSUED _____

JOB LOCATION 518 Orwig Ave

LOT _____
 (Subdivision or Legal Description)

ISSUED BY _____
 (Building Official)

OWNER Bessie Yocom PHONE 592-9060

ADDRESS 518 Orwig Ave

AGENT Von Doylen P & H PHONE 592-4756

ADDRESS 116 E Clinton Napoleon

USE: Residential Commercial Industrial
 Other _____

WORK: New Addition Replacement Remodel

ESTIMATED COST = \$ 3100

		<u>Base</u>	<u>Plus</u>	<u>Total</u>
<input type="checkbox"/> Building	\$	_____	\$	_____
<input type="checkbox"/> Electrical	\$	_____	\$	_____
<input type="checkbox"/> Plumbing	\$	_____	\$	_____
<input type="checkbox"/> Mechanical	\$	<u>5.00</u>	\$	<u>5.00</u>
<input type="checkbox"/> Demolition	\$	_____	\$	_____
<input type="checkbox"/> Zoning	\$	_____	\$	_____
<input type="checkbox"/> Sign	\$	_____	\$	_____
<input type="checkbox"/> Water Tap	\$	_____	\$	_____
<input type="checkbox"/> Sewer Tap	\$	_____	\$	_____
<input type="checkbox"/> Temp Water	\$	_____	\$	_____
<input type="checkbox"/> Temp Elec.	\$	_____	\$	_____

Additional Structure _____ Hours _____
 Plan Review: Electric _____ Hours _____

TOTAL FEES \$ 5.00
 Less Fees Paid \$ 5.00
 BALANCE DUE \$ _____

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard

Max Height	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required-Date

WORK INFORMATION

Building: Ground Floor Area _____ sq. ft. Basement Floor Area _____ sq. ft.

Garage Floor Area _____ sq. ft. 2nd Floor Area _____ sq. ft. Other _____ sq. ft.

Size: Length _____ Width _____ Stories _____ Height _____

Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: Install new furnace