

OK

# THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

**Building Permit**

Permit Number: BP2007-50

Page 1 of 1

Printed: 4/30/2007

**ADDRESS:**

**239 Pontious Place**

**Applicant**

**Name:** Tracy Dockery  
**Address:** 239 Pontius Pl

**Approval Date:**

419-592-0095

**Owners**

**Name:** Mr. Tracy Dockery  
**Address:** 239 Pontius Pl  
Napoleon, OH 43545

**Phone:** 419-592-0095

**Contractors**

**Fees and Receipts:**

Number	Description	Amount
FEE2007-223	Building Permit Fee (Auto)	\$12.00
<b>Total Fees:</b>		<b>\$12.00</b>
RCPT2007-198		\$12.00
<b>Total Receipts:</b>		<b>\$12.00</b>

replacing siding & windows

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REMINDER: YOU MUST CALL (419)592-4010 FOR AN INSPECTION



# CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

DATE: 9/2/07 JOB LOCATION: \_\_\_\_\_

OWNER: TRACY Dockery PHONE: 419-592-0095

OWNER ADDRESS: 238 Pantous Place CITY: Napoleon ZIP: 41350

CONTRACTOR: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

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

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

If yes to whom: \_\_\_\_\_

DESCRIPTION OF WORK TO BE PERFORMED: \_\_\_\_\_

ESTIMATED COMPLETION DATE: \_\_\_\_\_

## 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 checked="" 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 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 checked="" 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.