

THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

Mechanical Permit

Permit Number: MC2007-44

Page 1 of 1

Printed: 10/25/2007

ADDRESS:

1124 Willard St.

Applicant

Name: Elling Plumbing & Heating
Address: T 487 ST HWY 108

Approval Date: 10/10/2007
419-598-8991

Owners

Name: Mr. Tom Boyd
Address: 1124 Willard St
Napoleon, OH 43545

Phone: 419-592-8322

Contractors

Contractor Type: HVAC

Name: Elling Plumbing & Heating
Address: T 487 ST HWY 108

Napoleon, OH 43545

Phone: 419-598-8991

Fees and Receipts:

Number	Description	Amount
FEE2007-569	replacing a/c or furnace	\$5.00
FEE2007-570	State 1% fee (Calc)	\$0.05
Total Fees:		\$5.05
RCPT2007-445		\$5.05
Total Receipts:		\$5.05

replacing furnace

SCANNED

APPLICANTS SIGNATURE: _____

DATE: _____

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



CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

10-10-07

1124 WILLARD

DATE OF APPLICATION LOCATION

OWNER: TOM BOYD PHONE: 592-8322

OWNER ADDRESS: 1124 WILLARD CITY: NAPOLEON ZIP: _____

CONTRACTOR: ELLING P+H PHONE: 598-8991

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

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.

