

PERMIT

CITY OF NAPOLEON, OHIO — DEPT. OF BUILDING & ZONING
255 W. Riverview Avenue, Napoleon, Ohio 43545 (419) 592-4010

Permit No. 240 Date May 12, 1981
Job Location 304 Appian Ave Valuation \$ 250.00
Owner Agnes Bollman ^{Address} 304 Appian
Contractor Sherman Smith ^{Name} Rt. 2 Napoleon Telephone No. 592-7791
^{Address}
Electric Contractor SAME
Plumbing Contractor _____
Mechanical Contractor _____

This permit is issued for work described in the plans, specifications, and/or application submitted, as approved by the Building Commissioner of the City of Napoleon, Ohio. Work shall conform to all pertinent construction and land use Codes and Ordinances.

Work Information:

Residential XX No. dwelling units Commercial _____ Industrial _____
New Construction _____ Addition _____ Remodel XX
Brief Description of Work Service change.

ISSUED BY Richard H. G. Hayman Building Official DEPT. OF BUILDING & ZONING

It is the owners or contractors responsibility to call the Building Department for the following (x) inspections:

- Footing excavation prior to placing concrete.
- Footing drains and foundation prior to backfill.
- Prepared sub-grade prior to placing concrete floor slab.
- Sanitary sewer
- Rough-in electrical, plumbing and service framing prior to installing wall board.
- Final electrical, plumbing and heating.
- Final building inspection, prior to occupancy.

PERMIT & FEES

Building Permit	\$ _____
Electrical Permit	\$ <u>5.00</u>
Plumbing Permit	\$ _____
Mechanical Permit	\$ _____
Demolition Permit	\$ _____
Zoning Permit	\$ _____
Sign Permit	\$ _____
Water Tap	\$ _____
Sewer Tap	\$ _____
Temp. Elec.	\$ _____
Other _____	\$ _____
TOTAL FEES	\$ <u>5.00</u>
LESS FEES PAID	\$ <u>5.00</u>
BALANCE DUE	\$ <u>-0-</u>

Permit is not valid until all fees are paid in full, and shall be void if work is not started within six months of date above.

CITY OF NAPOLEON
BUILDING INSPECTION DEPARTMENT
APPLICATION FOR ELECTRICAL PERMIT
(Please print or type)

The undersigned hereby makes application for installation or replacement of electrical equipment as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Electrical Codes.

Owner's Name AGNES BOLLMAN Address 304 APPIAN

Electrical Contractor SHERMAN SMITH Telephone No. 592 7791

Address RT2 NAP.

General Contractor _____ Telephone No. _____

Address _____

Location of Project 304 APPIAN Cost of Project 250.⁰⁰ ?

Work Information:

Residential SINGLE Commercial _____ Industrial _____

No. Units

New _____ Service Change X Rewiring _____ Additional Wiring _____

Brief Description of Work: REPLACE ELECTRICAL SERVICE

Size of proposed service entrance 100 A Number of new circuits _____

Type of proposed service entrance _____ Underground _____ Overhead X

Require Temporary Electric _____ (Yes or No)

Total Floor Area - Commercial and Industrial only _____ sq. ft.

Additional Information: _____

*Ground fault circuit interrupter protection is required on all 120-volt single phase, 15 and 20 amp. Circuits which are part of a temporary electric service; and also on bathroom, outdoor, and garage receptacles in all dwelling units. Art. 210-8 N.E.C.

*Application for permit shall be accompanied by two complete sets of plans including: Electrical layout and riser diagram. (For commercial and industrial work only).

Date 5-12-81 Applicant's Signature Sherman Smith

PERMIT NO. 518

PERMIT

CITY OF NAPOLEON, OHIO — DEPT. OF BUILDING & ZONING
255 W. Riverview Avenue, Napoleon, Ohio 43545 (419) 592-4010

Permit No. 240 Date May 12, 1981
 Job Location 304 Appian Ave Valuation \$ 250.00
 Owner Agnes Bollman Address 304 Appian
 Contractor Sherman Smith Name Sherman Smith Address 304 Appian
 Address Rt. 2 Napoleon Telephone No. 592-7791
 Electric Contractor SAME
 Plumbing Contractor _____
 Mechanical Contractor _____

This permit is issued for work described in the plans, specifications, and/or application submitted, as approved by the Building Commissioner of the City of Napoleon, Ohio. Work shall conform to all pertinent construction and land use Codes and Ordinances.

Work Information:

Residential XX Commercial _____ Industrial _____
No. dwelling units
 New Construction _____ Addition _____ Remodel XX
 Brief Description of Work Service Change.

ISSUED BY [Signature] Building Official DEPT. OF BUILDING & ZONING

It is the owners or contractors responsibility to call the Building Department for the following (X) inspections:

- _____ Footing excavation prior to placing concrete.
- _____ Footing drains and foundation prior to backfill.
- _____ Prepared sub-grade prior to placing concrete floor slab.
- _____ Sanitary sewer
- X _____ Rough-in electrical, plumbing and service framing prior to installing wall board.
- X _____ Final electrical, plumbing and heating.
- _____ Final building inspection, prior to occupancy.

PERMIT & FEES

Building Permit	\$ <u>5.00</u>
Electrical Permit	\$ _____
Plumbing Permit	\$ _____
Mechanical Permit	\$ _____
Demolition Permit	\$ _____
Zoning Permit	\$ _____
Sign Permit	\$ _____
Water Tap	\$ _____
Sewer Tap	\$ _____
Temp. Elec.	\$ _____
Other _____	\$ _____
TOTAL FEES	\$ <u>5.00</u>
LESS FEES PAID	\$ <u>5.00</u>
BALANCE DUE	\$ <u>-0-</u>

Permit is not valid until all fees are paid in full, and shall be void if work is not started within six months of date above.

INSPECTION RECORD

UNDERGROUND		ROUGH-IN & FINAL			
Type	Date	By	Type	Date	By
PLUMBING	Sewer Connection		Drainage, W. & Vent		
	Building Sewer		Water Piping		
	Water Piping		Condensate Lines		
			Indirect Waste		
				FINAL APPROVAL	
ELECTRICAL	Floor Ducts Raceways		Rough Wiring		
	Conduits & or Cable		Conduits/ Cable		
	Grounding & Bonding		Service Panel Switchboard		
			Subpanels		
			<input type="checkbox"/> Range <input type="checkbox"/> Dryer	FINAL APPROVAL	
MECHANICAL	Refrigerant Piping		Refrigerant Piping		
	Ducts/ Plenums		Ducts/ Plenums		
			Ventilation Supply		
			<input type="checkbox"/> Exhst.	FINAL APPROVAL	
			Wall Construction	Fireplace Chimney	
BUILDING	Excavation		Crawl Space <input type="checkbox"/> Vent <input type="checkbox"/> Access		
	Footings & Reinforcing		Floor System(s)		
	Sub-soil Drain		Roof System		
	Foundation Walls		Fire Wall(s)		
	Floor Slab		Roof Cover Roof Drain		
				Attic <input type="checkbox"/> Vent <input type="checkbox"/> Access	
				Special Insp Reports Rec'd	
FINAL APPROVAL BLDG. DEPT. —		Certificate of Occupancy Issued #			

JLC 8-13-81