

PERMIT
 CITY OF NAPOLEON, OHIO - BUILDING DEPARTMENT
 255 West Riverview Avenue, Napoleon, Ohio 43545 - (419) 592-4010

Permit No. 2877 Issued 5-12-93
 Job Location 625 Arden Court
 Lot _____
 Issued by Brent N. Damman
 Owner George Crawford 592-8972
 Address 625 Arden Ct., Napoleon, OH
 Agent Richard Berg 592-0753
 Address 109 Brownell, Napoleon, OH
 Use Type - Residential xx
 Other - Describe _____
 No. Dwelling Units 1
 New _____ Replacement _____
 Add'n. xx Alter _____ Remodel _____
 Mixed Occupancy _____
 Change of Occupancy _____
 Estimated Cost \$ 1,000.00

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> Building	\$ 9.00	\$ 9.00	\$ 18.00
<input type="checkbox"/> Electrical	\$	\$	\$
<input type="checkbox"/> Plumbing	\$	\$	\$
<input type="checkbox"/> Mechanical	\$	\$	\$
<input type="checkbox"/> Demolition	\$	\$	\$
<input type="checkbox"/> Zoning	\$	\$	\$
<input type="checkbox"/> Sign	\$	\$	\$
<input type="checkbox"/> Water Tap	\$	\$	\$
<input type="checkbox"/> Sew. Insp.	\$	\$	\$
<input type="checkbox"/> Sewer Tap	\$	\$	\$
<input type="checkbox"/> Temp. Water	\$	\$	\$
<input type="checkbox"/> Temp. Elec.	\$	\$	\$
TOTAL FEES.....			\$ 18.00
LESS FEES PAID.....			\$
BALANCE DUE.....			\$ 18.00

ZONING INFORMATION

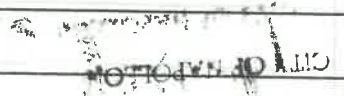
district	lot dimensions		area	front yd	side yd	rear yd
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd		date appr

WORK INFORMATION

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____
 Height _____ Building Volume (for Demo. Permit) _____
 Electrical: _____
 Plumbing: _____
 Mechanical: _____

Additional Information: Deck.

Date July 12 93 Applicant Signature Lisa Crawford



PAID



City of NAPOLEON, OHIO

255 RIVERVIEW AVENUE - (419) 592-4010
NAPOLEON, OHIO 43545-0151

June 23, 1993

Mayor
Steven Lankenau

Members of Council
Dennis L. Filgor, President
John E. Church
Michael J. DeWit
Robert G. Heft
James Hershberger
Terri A. Williams

City Manager
Terry Dunn

Finance Director
Rupert W. Schweinhagen

Law Director
Michael J. Wesche

Prosecuting Attorney
David M. Grahm

City Engineer
Marc S. Gerken

Mr. George Crawford
625 Arden Court
Napoleon, Ohio 43545

Re: Building Permit for Deck

Dear Mr. Crawford:

The building permit you applied for on May 12, 1993 for your deck addition still needs to be signed and paid for.

What you paid earlier was the application fee for your zoning permit to add on your deck, not the cost due on your building permit.

If you have any questions, please call.

Respectfully,

Brent N. Damman
Building and Zoning
Administrator

BND:rd

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

Pls - call him when ready.

ENTRY NO. _____
 PERMIT NO. 2877 ISSUED 5-12-93
 JOB LOCATION 625 Arden Ct.
 LOT _____
 (Subdivision or Legal Description)
 ISSUED BY BND
 (Building Official)
 OWNER GEORGE CRAWFORD PHONE 592-8972
 ADDRESS 625 ARDEN CT NAPOLEON
 AGENT RICHARD BERG PHONE 592-0753
 ADDRESS 109 Brownell Napoleon
 USE: Residential Commercial Industrial
 Other _____
 WORK: New Addition Replacement Remodel
 ESTIMATED COST = \$ 1000.⁰⁰

	Base	Plus	Total
<input checked="" type="checkbox"/> Building	\$ 9.00	\$ 9.00	\$ 18.00
<input type="checkbox"/> Electrical	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Plumbing	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Mechanical	\$ _____	\$ _____	\$ _____
<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 Plan Review: Structure _____ Hours _____
 Electric _____ Hours _____

TOTAL FEES \$ 18.00
 Less Fees Paid \$ _____
 BALANCE DUE \$ 18.00

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: Width _____ Length _____ Stories _____ Height _____
 Building Volume (for Demolition Permit) _____ cubic feet
 Description of Work: Deck

ELECTRICAL: Contractor _____ Phone _____

Address _____ ESTIMATED COST = \$ _____

Type of Work: () New () Service Change () Rewiring () Add'l Wiring TEMPORARY ELEC. REQUIRED - () Yes () No

Size of Service _____ Underground _____ Overhead _____ Number of New Circuits _____

Description of Work: _____

PLUMBING: Contractor _____ Phone _____

Address _____ ESTIMATED COST = \$ _____

WATER TAP REQUIRED - () Yes () No Size _____ Type of Pipe _____ Water Dist. Pipe _____

SANITARY SEWER TAP REQUIRED - () Yes () No Size _____ Type of Pipe _____ Dr. Waste Vt. Pipe _____

STREET SEWER TAP REQUIRED - () Yes () No Type of Pipe _____ STREET TO BE OPENED - () Yes () No

Main Building Drain Size = _____ Main Vent Pipe Size = _____

LIST NUMBER OF PLUMBING FIXTURES BELOW:

Water Closets = _____ Bathtubs = _____ Showers = _____ Lavatories = _____ Kitchen Sinks = _____ Disposal = _____

Clothes Washer = _____ Floor Drains = _____ Dishwasher = _____ Other _____ Total = _____

Description of Work: _____

MECHANICAL: Contractor _____ Phone _____

Address _____ ESTIMATED COST = \$ _____

HEATING SYSTEM - () Forced Air () Gravity () Hot Water () Steam () Unit Heaters () Radiant () Baseboard

TYPE OF FUEL - () Electric () Natural Gas () Propane () Wood () Coal () Solar () Geothermal Other _____

NUMBER OF HEAT ZONES = _____ HOT WATER - () One (1) Pipe () Two (2) Pipes () Series Loop

ELECTRIC HEAT - Number of Circuits _____ Number of Furnaces _____ Number of Hot Air Runs _____

Number of Hot Water Radiators _____ Total Heat Loss _____ Rated Capacity of Furnace/Boiler _____

LOCATION OF HEATING UNITS - () Crawl Space () Floor Level () Attic () Suspended () Roof () Outside

Description of Work: _____

DRAWINGS REQUIRED: All applications must be accompanied by two (2) complete sets of Drawings including Site Plans, Foundation Plans, Floor Plans, Structural Framing Plans, Exterior Elevations, Section and Details, Stair Details, Electrical Layout, Plumbing Isometric, Heating Layout, etc. All Plans shall be drawn to scale, show all existing structure on the Site Plans, and show electric panel and furnace locations.

READ AND SIGN BELOW: The undersigned hereby makes application for a Permit for all work described herein and agrees to complete the work in strict accordance with all applicable provisions of the current edition of the C.A.B.O. Building Code, the Napoleon Building and Zoning Codes, the Napoleon Engineering Department Rules and Regulations, Standard Specifications and other pertinent sections of the Napoleon Code of Ordinances.

Signature of Applicant *[Signature]* Date 4-12-93

ELECTRICAL: Contractor _____ Phone _____
Address _____ ESTIMATED COST = \$ _____
Type of Work: () New () Service Change () Rewiring () Add'l Wiring TEMPORARY ELEC. REQUIRED - () Yes () No
Size of Service _____ Underground _____ Overhead _____ Number of New Circuits _____

Description of Work: _____

PLUMBING: Contractor _____ Phone _____
Address _____ ESTIMATED COST = \$ _____

WATER TAP REQUIRED - () Yes () No Size _____ Type of Pipe _____ Water Dist. Pipe _____
SANITARY SEWER TAP REQUIRED - () Yes () No Size _____ Type of Pipe _____ Dr. Waste Vt. Pipe _____
STREET SEWER TAP REQUIRED - () Yes () No Type of Pipe _____ STREET TO BE OPENED - () Yes () No
Main Building Drain Size = _____ Main Vent Pipe Size = _____

LIST NUMBER OF PLUMBING FIXTURES BELOW:

Water Closets = _____ Bathtubs = _____ Showers = _____ Lavatories = _____ Kitchen Sinks = _____ Disposal = _____
Clothes Washer = _____ Floor Drains = _____ Dishwasher = _____ Other _____ Total = _____

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MECHANICAL: Contractor _____ Phone _____
Address _____ ESTIMATED COST = \$ _____

HEATING SYSTEM - () Forced Air () Gravity () Hot Water () Steam () Unit Heaters () Radiant () Baseboard
TYPE OF FUEL - () Electric () Natural Gas () Propane () Wood () Coal () Solar () Geothermal Other _____
NUMBER OF HEAT ZONES = _____ HOT WATER - () One (1) Pipe () Two (2) Pipes () Series Loop
ELECTRIC HEAT - Number of Circuits _____ Number of Furnaces _____ Number of Hot Air Runs _____
Number of Hot Water Radiators _____ Total Heat Loss _____ Rated Capacity of Furnace/Boiler _____
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Signature of Applicant  Date 4-12-93

MEMORANDUM

TO: Members of the Board of Zoning Appeals
FROM: Brent N. Damman, Zoning Administrator
SUBJECT: Variance request at 625 Arden Crt. by George Crawford.
HEARING DATE: May 11th, 1993 at 4:30 PM
HEARING #: BZA 93/07

BACKGROUND

An application by George Crawford 625 Arden Crt. Napoleon, Ohio, requesting variance to the north side front setback to W. Washington St. and to the west side rear setback. The request is for the purpose of constructing an attached wood deck to the existing dwelling. The variance is to section 151.34 (D)(1) of the City of Napoleon Ohio Zoning Code, and is located in a "B" residential zoning district.

RESEARCH AND FINDINGS

1. Mr. Crawford was unaware that he needed a building permit to construct a wooden deck, and after he was made aware of this fact he ceased construction.
2. The wood deck will not protrude beyond the limits of existing dwelling structure, except the wood steps.
3. The parcel is located on the corner of Arden Crt. and W. Washington and thus is subject to front yard setbacks for both streets, which limits the possibilities for placement of a deck.

ADMINISTRATIVE OPINION

I am recommending acceptance of the request due to existence of extraordinary circumstances.

CONSIDERATIONS

The standards for variation to be considered are as follows:

- (a) That there are exceptional or extraordinary circumstances or conditions applicable to the property or to the intended use that do not apply generally to the other property or use in the same vicinity or district.
- (b) That such Variance is necessary for the preservation and enjoyment of a substantial property right possessed by other property in the same vicinity or district but which is denied to the property in question.

- (c) That the granting of such Variance will not be materially detrimental to the public welfare or injurious to the property or improvements in the vicinity or district in which the property is located.
- (d) That the granting of such a Variance will not alter the land use characteristics of the vicinity of district, diminish the value of adjacent land and improvements or increase the congestion in the public streets.

CITY OF NAPOLEON ZONING CERTIFICATE

Certificate No. 253
Issued 5/27/93
By Brent N. Damman
Zoning Inspector
Filing Fee \$5.00 Amount _____ Date Paid _____

Issued To: George Crawford
Lot Information: _____
Street Address 625 Arden Court, Napoleon, Ohio

Lot No. N/A Subdivision _____ (or Legal Description) _____
Lot Dimensions N/A Yard Set Back: Front N/A Rear West 1'
Lot Area _____ Sq. Ft. Side North 17' Side N/A
Zoning District B-Residential Description of Use Residential
Lot Coverage 45% max Off Street Parking Spaces Required _____
Height N/A Loading Spaces Required _____ **PAID**
Petition or Appeal Required Yes - approved 5/11/93
Approved By: Zoning Inspector Brent N. Damman Board of Zoning Appeals #93/07
MAY 28 1993
CITY OF NAPOLEON

Date 5-28-93 Applicant Signature _____ (Owner-Agent) _____
White - Applicant Yellow - Board of Zoning Appeals Pink - Engineering

Имя: _____ Фамилия: _____ (Семейное)

Дата: _____ Место рождения: _____

Ученая степень: _____ Место работы: _____

Ученая звание: _____ Должность: _____

Имя: _____ Фамилия: _____

Специальность: _____ Место работы: _____

Дата: _____ Место рождения: _____

Ученая степень: _____ Место работы: _____

Ученая звание: _____ Должность: _____

Имя: _____ Фамилия: _____

Специальность: _____ Место работы: _____

Дата: _____ Место рождения: _____

Ученая степень: _____ Место работы: _____

Ученая звание: _____ Должность: _____

Имя: _____ Фамилия: _____

ИДЕНТИФИКАЦИОННЫЙ

КАРТИНКА

ИЗДАНИЕ

ΣΟΜΗΝΟΝ ΣΕΡΤΙΦΙΚΑΤΕ

ИДЕНТИФИКАЦИОННЫЙ

КАРТИНКА