

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: 97022

DATE ISSUED: 01-22-97

ISSUED BY: BND

JOB LOCATION: 608 AVON PL

EST. COST: 2500.00

LOT #:

SUBDIVISION NAME:

OWNER: WOODBY, JOLENE
ADDRESS: 608 AVON PL
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-8078

AGENT: SELF
ADDRESS:
CSZ:
PHONE:
OTHER:

USE TYPE - RESIDENTIAL:

ZONING INFORMATION

DIST: LOT DIM:
MAX HT: # PKG SPACES:

AREA: # LOADING SP:
SYRD: RYRD:
MAX LOT COV:

BOARD OF ZONING APPEALS:

WORK TYPE - NEW:

REPLMNT: ALTER: REMODEL:

WORK INFORMATION

SIZE - LGTH: WIDTH:
GARAGE AREA SF: HEIGHT:

STORIES: LIVING AREA SF:
BLDG VOL DEMO PERMIT:

WORK DESCRIPTION
DECK (SECOND STORY 12X17)

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

BUILDING PERMIT

27.00

1-22-97

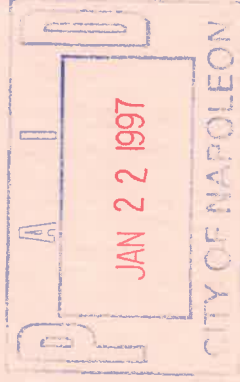
DATE

TOTAL FEES DUE

27.00

Jolene Woodby

APPLICANT SIGNATURE



CERTIFICATE OF OCCUPANCY

THE CITY OF NAPOLEON

ENGINEERING DEPARTMENT

DIVISION OF INSPECTION

This is to certify that the Building or Land as herein described complies with all the building and health laws and ordinances and with the provisions of the Zoning Ordinance.

Location of Occupancy 608 Avon Place
Occupancy Single Family Foster home.

Owner of Property Bergis + Bonnie Fitch
Address 608 Avon Pl.

Issued to Bergis + Bonnie Fitch
Address 608 Avon Pl.

Zoning C - Residential District
Bldg. Permit No. Not Required

Substantial qualifications of occupancy All repairs complete + acceptable.
(List number 608 completed)

This certificate is issued by the City Building Inspector, as provided by law, and is to certify that construction is completed substantially in conformity with the approved plans and permission is hereby granted to occupy such building in compliance with such legal use and occupancy as authorized under the provisions of the ordinances of the City of Napoleon.

Issued this 31st day of October 1990

Signed *Frank M. Bonmarz*
City Building Inspector

This is a valuable record for owner or lessee and should be so preserved.

No. 314

pursuant to Section 5123.20 O.R.C.

Instructions: Inspector completes four copies and returns them to the Regional Manager of Mental Health at the Regional Office of Mental Health where this form was obtained.

Name & Address of Facility Bergus & Bonnie Fitch 608 Avon Place Napoleon, Ohio 43545	Name & Address of Inspecting Agency City of Napoleon 250 Riverview Napoleon, Ohio 43545	No. of Residents	No. of Clients
County of Facility B - Adult Foster Care	Type of Facility B - Adult Foster Care	<input type="checkbox"/> Chapter BB-53, O.B.C. <input checked="" type="checkbox"/> Chapter BB-57, O.B.C.	Other, (specify) <input type="checkbox"/>
To Be Inspected Under Code <input type="checkbox"/> Chapter BB-53, O.B.C.		<input checked="" type="checkbox"/> Single Family Residence	
Corrections to be Made		Facility: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date of Visit
• GFCI outlets by sink in activity room. (2) ✓ • " " " " in main kitchen (3) ✓ • Vent out 3" for Main Sewer vent out Roof ✓ • Using No more than 2=45° elbows ✓ • install 3/4" Plug in gas line above basement electrical Panel. ✓ • Mortar in Chimney area around furnace flues ✓ • Disconnect 12-2 wire dangling in basement furnace room. ✓ • also Mortar in water heater vent pipes ✓			
Reasonable Compliance Time _____ Days		Signature of Inspecting Agent <u>X Stuart M. Dammann</u> Date _____	
You are hereby ordered to: Correct any violations by _____, 19____ and forthwith comply or continue to comply, as the case may be, with the occupancy limitations set forth above. If you fail to comply with this order, action to deny or revoke your license will be instituted.			
Nature, Regional Manager of Mental Health _____		Date _____	

