

# PERMIT

**CITY OF NAPOLEON - BUILDING DEPARTMENT**  
 255 West Riverview Avenue, Napoleon, Ohio 43545 - 419-592-4010

Permit No. 826-00 Issued 9/9/77 date  
 Job Location 319 W. Barnes St. address  
 Lot n/a sub-div or legal discript  
 Issued By Ronald D. Sonnenberg building official  
 Owner Don Allen name tel.  
 Address 319 W. Barnes St.  
 Agent Emil Fitzenreiter 592-5691 builder-eng.-etc. tel.  
 Address 830 Monroe St.  
 Description of Use Aluminum siding  
 Residential XX(1) no. dwelling units  
 Commercial \_\_\_\_\_ Industrial \_\_\_\_\_  
 New \_\_\_\_\_ Add'n. \_\_\_\_\_ Alter \_\_\_\_\_ Remodel XX  
 Mixed Occupancy \_\_\_\_\_  
 Change of Occupancy \_\_\_\_\_  
 Estimated Cost \$3800.00

| FEES   | BASE              | PLUS             | TOTAL   |
|--|-------------------|------------------|---------|
| <input checked="" type="checkbox"/> BUILDING | \$15.00           | ---              | \$15.00 |
| <input type="checkbox"/> ELECTRICAL          |                   |                  |         |
| <input type="checkbox"/> PLUMBING            |                   |                  |         |
| <input type="checkbox"/> MECHANICAL          |                   |                  |         |
| <input type="checkbox"/> DEMOLITION          |                   |                  |         |
| <input type="checkbox"/> ZONING              |                   |                  |         |
| <input type="checkbox"/> SIGN                |                   |                  |         |
| WATER TAP                                    |                   |                  |         |
| SEWER TAP                                    |                   |                  |         |
| TEMP. ELECT.                                 |                   |                  |         |
| ADDITIONAL PLAN REVIEW                       | Struct. _____ hrs | Elect. _____ hrs |         |
| TOTAL FEES.....                              |                   |                  | \$15.00 |
| LESS MIN. FEES PAID _____ date               |                   |                  | -0-     |
| BALANCE DUE.....                             |                   |                  | \$15.00 |

### ZONING INFORMATION

n/a

| district | lot dimensions | area          | front yd  | side yds                 | 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) \_\_\_\_\_ cu. ft.  
 Electrical: \_\_\_\_\_ brief description \_\_\_\_\_  
 Plumbing: \_\_\_\_\_ brief description \_\_\_\_\_  
 Mechanical: \_\_\_\_\_ brief description \_\_\_\_\_  
 Sign: \_\_\_\_\_ type \_\_\_\_\_ Dimensions \_\_\_\_\_ Sign Area \_\_\_\_\_

Additional Information: See attached addendum:

Date 9-14-77 Applicant Signature E. Fitzenreiter Jerry Jacobs owner-agent



CITY OF MINNEAPOLIS  
BUILDING DEPARTMENT  
APPLICATION FOR PERMIT TO CONSTRUCT  
BUILDING OR PART THEREOF

826-77

\$15.00

The undersigned hereby declares that the above information, instructions, requirements and provisions of the Building Code are such work in strict accordance with the City of Minneapolis Building Code for 1, 2 and 3 Family Buildings.

Owner's Name DON ALLEN Address 319 W. Berens  
Builder's Name EMIL FITZENREITER Address 830 MOURDE ST. Tel. 592-5691

LOT INFORMATION

Location of Project \_\_\_\_\_  
Subdivision \_\_\_\_\_  
Yard Set Back: Front \_\_\_\_\_ Side \_\_\_\_\_  
Right Side \_\_\_\_\_

BUILDING INFORMATION:

Single  Duplex \_\_\_\_\_  
Addition  \_\_\_\_\_  
Detached Garage \_\_\_\_\_  
Brief Description of Work \_\_\_\_\_

Size: Length \_\_\_\_\_ Width \_\_\_\_\_ No. of Stories \_\_\_\_\_  
Floor Area: 1st Floor \_\_\_\_\_ Sq. Ft. 2nd Floor \_\_\_\_\_ Sq. Ft.  
3rd Floor \_\_\_\_\_ Sq. Ft. Unfinished Attic \_\_\_\_\_ Sq. Ft.  
Unfinished Attic \_\_\_\_\_ Garage \_\_\_\_\_

Foundation: Piers \_\_\_\_\_ Top \_\_\_\_\_  
Concrete \_\_\_\_\_ Foundation \_\_\_\_\_ Size \_\_\_\_\_

Walls: Frame  Brick \_\_\_\_\_  
Specific Type of Exterior Siding ALSCO ANACONDA ALUMINUM SIDING

APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING: ELEVATIONS, FLOOR PLANS, CROSS SECTIONS AND LOT PLAN. IF ADDITIONS OR REMODELING, SHOW ALL EXISTING STRUCTURES AND THEIR SIZE AND LOCATION. ALL PLANS SHALL BE DRAWN TO SCALE.

ESTIMATED COST OF COMPLETED PROJECT: 3800<sup>00</sup>  
DATE 9-8-77 APPLICANT'S SIGNATURE x Emil Fitzreiter



# RESIDENTIAL PLAN CORRECTION SHEET

**CITY OF NAPOLEON, Building Dept.**  
 255 West Riverview Avenue  
 Napoleon, Ohio 43545  
 (419) 592-4010

**ADDENDUM to Permit No.** B26-77  
**Owner** DON ALLEN  
**Location** 319 W. BARNES

Please note the Items checked below and incorporate them into your plans as indicated:  Permit not yet issued  
 Correct Plans and Re-Submit.  Permit issued Incorporate the Items during construction.

|   |   |
|---|---|
| <b>GENERAL</b>  |   |
| Provide 1 approved smoke detector.  | Show size of members supporting porch roof.   |
| Provide 1 hour fire wall and/or ceiling between garage and dwelling.                              | Provide double top plate.   |
| Provide (Class B) 1 hour fire rated door from garage to dwelling.                                 | Provide design data for pre-fab. wood truss/members.  |
| Submit fully dimensioned plot plan.   | Ceiling joists undersized in.....   |
| Provide 1-3'0" x 6'8" exit door.  | Roof rafters undersized in.....   |
| Provide min. 22" x 30" attic access.  |   |
| Provide min. 18" x 24" crawl space access opening.  | <b>PLUMBING AND MECHANICAL:</b>   |
| <b>LIGHT AND VENTILATION:</b>   | Terminate all exhaust systems to outside air.   |
| Provide mechanical exhaust or window in bathroom.....   | Insulate ducts in unheated areas.   |
| Provide Min. _____ sq. in. net free area attic ventilation.                                       | Provide back flow device on all hose bibs.  |
| Provide min. _____ sq. in. net free area crawl space ventilation.                                 | <b>ELECTRICAL:</b>  |
| <b>FOUNDATION:</b>  | Show location of service entrance and service equipment panel.                                      |
| Min. depth of foundation below finished grade 30".  | G.F.C.I. req'd. on Temp. Electric.  |
| Min. size of footer....." x ....."  | Outdoor and bathroom receptacles shall be protected by G.F.C.I.                                     |
| Provide anchor bolts 1/2" @ 8' o.c. 1' from each corner. Embedded 8" concrete and 15" in masonry. | <b>METAL VENEERS:</b>   |
| Show size of basement columns.  | <input checked="" type="checkbox"/> Contact City Utilities Dept. to remove conductors and/or meter. |
| <b>FRAMING:</b>   | <input checked="" type="checkbox"/> Provide 18" x 18" x 3/4" wood backer for meter base.            |
| Show size of wood girder in.....  | <input checked="" type="checkbox"/> Provide approved system of grounding and bonding.               |
| Provide design data for structural member in.....   | <b>MISCELLANEOUS:</b>   |
| Floor joists under sized in.....  | Provide backwater valve in sub-soil drain tile.   |
| Provide double joists under parallel partitions.  | Provide approved sheathing and flashing behind masonry veneer.                                      |
| Provide 1" x 4" let in corner bracing or approved sheathing.                                      | Provide 15# felt underlayment on roof.  |
| Show size of headers for openings over 4' wide.   | Provide adequate fireplace hearth extensions  |
|   | Install factory built fireplaces/stoves according to manufacturers recommendations.                 |
|   | Terminate chimney 3' above roof or 2' above highest point of building within 10' of chimney.        |

**ADDITIONAL CORRECTIONS:** \_\_\_\_\_

The approval of plans and specifications does not permit the violation of any section of the Building Code, or other City Ordinance or State Law. This addendum is attached to Permit No. B26-77 and made a part thereof.

Date Approved or Disapproved 9-9-77

Checked By Lon Sommerberg  
 Plan Examiner

Date Rechecked and Approved \_\_\_\_\_

Checked By \_\_\_\_\_

