

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: 97449 DATE ISSUED: 11-24-97 ISSUED BY: BND

JOB LOCATION: 1130 BECCA LN EST. COST: 160000.00

LOT #: 32 SUBDIVISION NAME: TWIN OAKS 2ND

OWNER: BERNICKE, JAMES
ADDRESS: 610 ROHM DR
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-6791

AGENT: WEISNEBURGER BLDRS
ADDRESS: 22681 CO RD D
CSZ: CONTINENTAL, OH 45831
PHONE: 419-596-4286

USE TYPE - RESIDENTIAL: X OTHER:

ZONING INFORMATION

DIST: R-1 LOT DIM: 100X15 AREA: 15000 FYRD: 40 SYRD: 15 RYRD: 20
MAX HT: 45 # PKG SPACES: 2 # LOADING SP: MAX LOT COV: 30%

BOARD OF ZONING APPEALS:

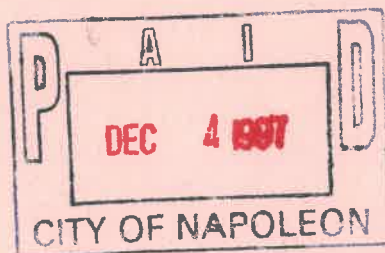
WORK TYPE - NEW: X REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

SIZE - LGTH: 70 WIDTH: 48 STORIES: 1 LIVING AREA SF: 2131
GARAGE AREA SF: 657 HEIGHT: 21 BLDG VOL DEMO PERMIT:

WORK DESCRIPTION
NEW HOME

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		285.00
ELECTRICAL PERMIT		109.00
PLUMBING PERMIT		48.00
MECHANICAL PERMIT		30.00
WATER TAP PERMIT		655.00
SEWER PERMIT		241.00



TOTAL FEES DUE 1368.00

DATE

APPLICANT SIGNATURE

APPLICATION FOR
 Building, Electrical, Plumbing, Mechanical, and Temporary Permit
 FROM - The City of Napoleon, Ohio, Building Department
 255 West Riverside Avenue, P.O. Box 127, Napoleon, Ohio 40546 - Telephone (419) 592-4010

ENTRY NO. _____
 PERMIT NO. _____ ISSUED _____
 JOB LOCATION 1130 BECCA LANE
 LOT 32 TWIN OAKS
 (Subdivision or Legal Description)
 ISSUED BY _____
 (Building Official)

OWNER _____ PHONE 596-4286
 ADDRESS _____
 AGENT WESONBURGER BLD PHONE 596-4286
 ADDRESS 22681 ROAD D CURTLEMAN
 USE: Residential () Commercial () Industrial
 () Other
 WORK: New () Addition (X) Replacement () Remodel
 ESTIMATED COST \$ 160,000

	Base	Plus	Total
<input checked="" type="checkbox"/> Building	\$ 237.00	\$ 48.00	\$ 285.00
<input checked="" type="checkbox"/> Electrical ²²	\$ 15.00	\$ 84.00 ^{10.00}	\$ 99.00 ^{109.00}
<input checked="" type="checkbox"/> Plumbing ^{9 FIXMM}	\$ 9.00	\$ 39.00	\$ 48.00
<input checked="" type="checkbox"/> Mechanical	\$ 18.00	\$ 12.00	\$ 30.00
() Demolition	\$	\$	\$
() Zoning	\$	\$	\$
() Sign	\$	\$	\$
<input checked="" type="checkbox"/> Water Tap	\$ 650	\$ 5	\$ 655
<input checked="" type="checkbox"/> Sewer Tap	\$ 60.00	\$ 181.00	\$ 241.00
() Temp Water	\$	\$	\$
<input checked="" type="checkbox"/> Temp Elec.	\$	\$	\$

Additional Plan Review: Structural _____ Electric _____ Hours _____

TOTAL FEES _____
 Less Fees Paid _____
 BALANCE DUE _____

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Back Yard
R-1	100 X 150	15000	40	15	20
Max Height	No. Fxa. Spaces	No. Ldg. Spaces	Max Cover	Provision of Open Space	
45	2		30%		

WORK INFORMATION

Building: Ground Floor Area 2131 sq. ft. Basement Floor Area _____ sq. ft.
 Garage Floor Area 659 2nd Floor Area _____ sq. ft. Other _____ sq. ft.
 Size: Length 70 Width 48 Stories 1 Height 21'
 Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: _____

Contractor W. B. Phone _____
Address _____

Type of Work: New () Service Change Rewiring () Add'l Wiring
ESTIMATED COST = \$ _____
Size of Service 200 Am Underground Overhead
Number of New Circuits _____

Description of Work: W. B.

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

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

LIST NUMBER OF PLUMBING FIXTURES BELOW:

Water Closets = 3 Bathrooms = 2 Showers = _____ Lavatories = 3 Sinks = 1 ()
Clothes Washer = 1 Floor Drains = _____ Dishwasher = 1 Other LT-1 Total 13

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
NUMBER OF ZONE UNITS = _____ HOT WATER - () One (1) Pipe () Two (2) Pipes () Series Loop
ELECTRIC HEAT Number of Circuits _____ Number of Furnaces _____ Number of Hot Air Runs 15
Number of Hot Water Radiators _____ Total Heat Loss _____ Rated Capacity of Furnace/Boiler _____
LOCATION OF HEATING UNITS - () Craw 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 Isometrics, Heating Layout, etc. All Plans shall be drawn to scale, show all existing structure on the Site Plans, and show electrical 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 Nov 20-97

WATER TAPPING PERMIT

issued by

The Napoleon Water Distribution Department

255 West Riverview Ave. Napoleon, Ohio 43545 Ph. 592-4010

Permit No. W-0320 Issued _____ Received of _____ (\$ _____)

(Charge for tapping permit to supply water service to) Lot No. _____ Sub Div. _____

Street No. _____ Tap Size _____ * Cost \$ _____ .00 Plumber _____

Date completed _____ Approved by Jeffrey E. Mantel

water distribution dept.

finance director

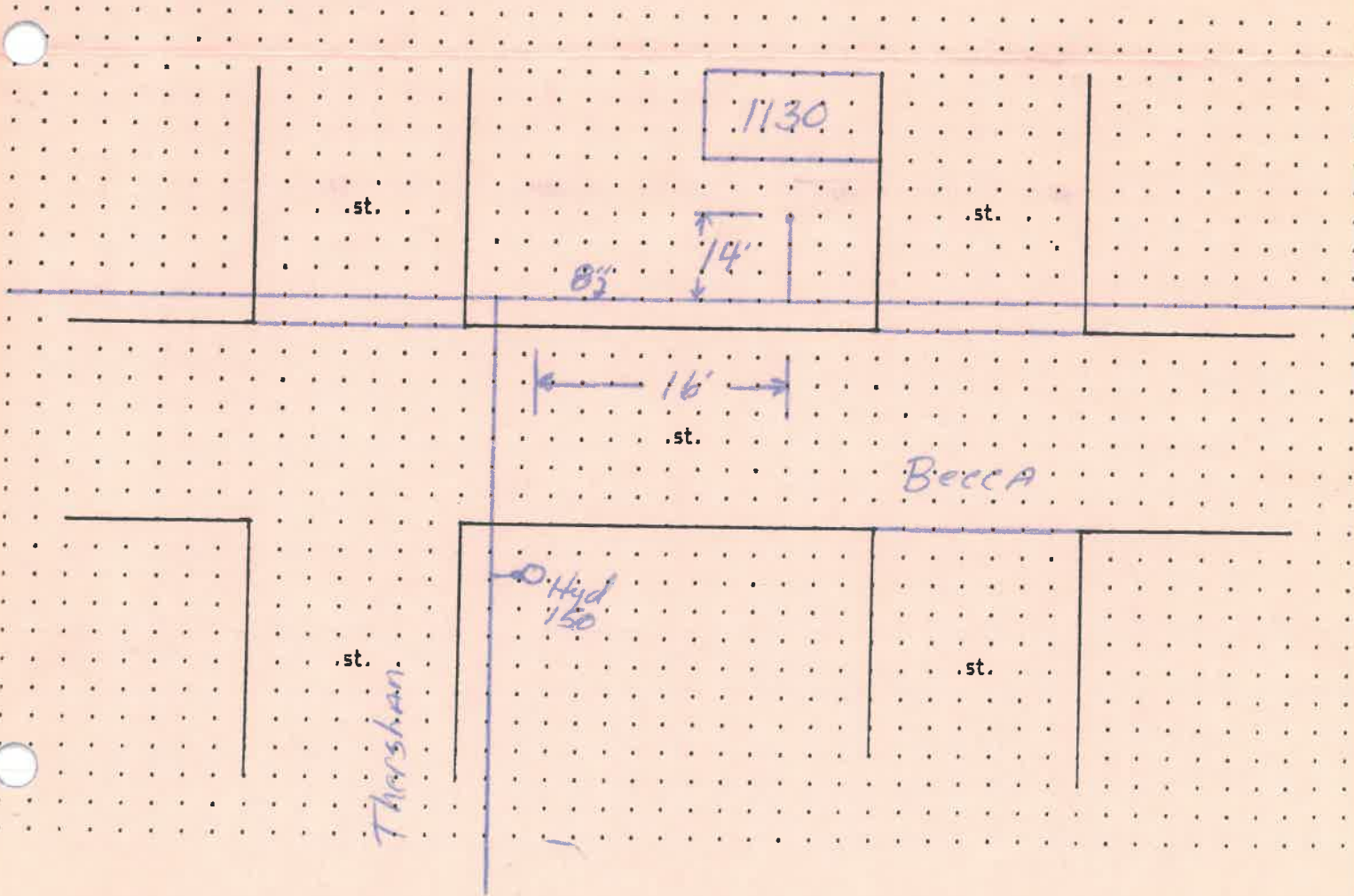
Name _____ Size of tap 1" Date 1-14-98 Street and No. 1130 Becca

Old Tap No. — New Tap No. 9807 Size and Kind of Main 8" C-900

Location of Main 5' South of South curb Depth of Main 5 1/2'

Distance from Hydrant/Valve 16' West of Hyd 150 Distance to Curb Stop from Corp. 14'

(No tracing wire)



CITY OF NAPOLEON

ELECTRIC METER BASE RELEASE FORM

THIS DOCUMENT ENTITLES THE HOLDER TO "ONE" ELECTRIC METER BASE
(Please pickup at the City operations garage 1775 Industrial Drive).

PERMIT #: 97449

ISSUED:11-24-97

JOB LOCATION: 1130 BECCA LN

WORK DESCRIPTION: NEW HOME

OWNER: BERNICKE, JAMES

ADDRESS: 610 ROHM DR NAPOLEON, OH 43545

OWNER PHONE: 419-592-6791

CONTRACTOR: WEISENBURGER BLDRS

ADDRESS: 22681 CO RD D CONTINENTAL, OH 45831

CONTRACTOR PHONE: 419-596-4286

ELECTRIC SERVICE UPGRADE _____ NEW SERVICE INSTALLATION X

INDUSTRIAL _____ COMMERCIAL _____ RESIDENTIAL X 1PHASE X 3PHASE _____

SIZE OF SERVICE 100AMP _____ 150AMP _____ 200AMP X 400AMP _____ OTHER _____

HUB SIZE - 1 1/4" _____ 1 1/2" _____ 2" _____

DESIRED VOLTAGE 120/240 X OTHER _____

UNDERGROUND SERVICE X OVERHEAD SERVICE _____

=====

DATE COMPLETED: _____ APPROVED BY: _____

OLD METER NUMBER: _____ NEW METER NUMBER: _____

COMMENTS:

CITY OF NAPOLEON

WATER METER YOKE RELEASE FORM

THIS DOCUMENT ENTITLES THE HOLDER TO "ONE" WATER METER YOKE ASSEMBLY
(Please pickup at City Operations Department 1775 Industrial Drive).

PERMIT #: 97449

ISSUED: 11-24-97

JOB LOCATION: 1130 BECCA LN

OWNER: BERNICKE, JAMES

PHONE: 419-592-6791

ADDRESS: 610 ROHM DR NAPOLEON, OH 43545

CONTRACTOR: WEISENBURGER BLDRS

ADDRESS: 22681 CO RD D CONTINENTAL, OH 45831

PHONE: 419-596-4286

WATER TAP SIZE 1" 1.5" _____ 2" _____ OTHER _____

WATER METER YOKE SIZE 5/8" 3/4" _____ 1" _____ OTHER _____

NEW STRUCTURE EXISTING STRUCTURE _____ LAWN METER _____

WATER SERVICE LINE TO BE TYPE "K" COPPER OR "CTS" POLYETHELENE TUBING
OF 1" MINIMUM SIZE.

BACKFLOW DEVICE REQUIRED YES NO _____

TYPE OF BACKFLOW DEVICE REQUIRED Double check valve
assembly (watts # 007)

WATER METER YOKE INSTALLATION IS SUBJECT TO THE FOLLOWING CONDITIONS

- 1.) MUST BE LOCATED IN AN ACCESSIBLE AREA.
- 2.) MUST BE IN AN AREA WHICH IS NOT SUBJECT TO FREEZING TEMPERATURES.
- 3.) MUST BE AT LEAST 18" ABOVE FLOOR LEVEL (NO CRAWL SPACE INSTALLATIONS).
- 4.) MUST COMPLY WITH MINIMUM MOUNTING REQUIREMENTS (DRAWING AVAILABLE)

ISSUED BY _____ RECEIVED BY _____

1-Copy to: Building Dept, Water Dept, and Utilities Dept

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 97449

DATE ISSUED: 11-24-97

JOB LOCATION: 1130 BECCA LN

OWNER: BERNICKE, JAMES

OWNER PHONE: 419-592-6791

CONTRACTOR: WEISENBURGER BLDRS

CONTRACTOR PHONE: 419-596-4286

WORK DESCRIPTION: NEW HOME

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP 12-9-97

MECHANICAL: UNDGR _____ RGHIN _____ FINAL 6-16-98

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL 6-16-98

SERV UPGR _____

BUILDING: SITE 11-21-97 FTG 11-24-97 FNDT _____

STRUC _____ ROOF _____ EXT _____

VENT _____ ACCES _____ EGRS _____

SMKDT _____ FINAL 6-16-98

ISSUE TEMP OCCUP _____ ISSUE OCCUP _____

STRG SHED: SITE _____ FINAL _____

SIGN: FTG _____ FINAL _____

FENCE: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

INSPECTOR INITIALS: WJD