

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: 98344

DATE ISSUED: 10-07-98

ISSUED BY: BND

JOB LOCATION: 553 BECKLEE DR

EST. COST: 85000.00

LOT #:

SUBDIVISION NAME:

OWNER: BECKS CONSTRUCTION
ADDRESS: 11622 CO RD M
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-8307

AGENT: BECKS CONSTRUCTION C
ADDRESS: 11-622 CO RD M
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-8307

USE TYPE - RESIDENTIAL: X

OTHER:

ZONING INFORMATION

DIST: R-3 LOT DIM: IRR AREA: 11259 FYRD: 25 SYRD: 7 RYRD: 15
MAX HT: 45' # PKG SPACES: 2 # LOADING SP: MAX LOT COV: 45%

BOARD OF ZONING APPEALS:

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

WORK INFORMATION

SIZE - LGTH: 51 WIDTH: 48 STORIES: 1 LIVING AREA SF: 1398
GARAGE AREA SF: 589 HEIGHT: 16 BLDG VOL DEMO PERMIT:

WORK DESCRIPTION

NEW HOME

FEE DESCRIPTION

PAID DATE

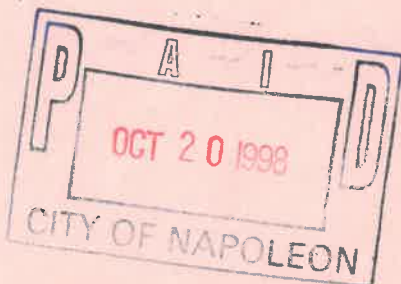
FEE AMOUNT DUE

BUILDING PERMIT	209.00
ELECTRICAL PERMIT	100.00
PLUMBING PERMIT	39.00
MECHANICAL PERMIT	18.00
WATER TAP PERMIT	655.00
SEWER PERMIT	196.00

TOTAL FEES DUE 1217.00

Oct. 20, 1998
DATE

Cheryl A. Beck
APPLICANT SIGNATURE



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

ENTRY NO. _____
 PERMIT NO. _____ ISSUED 10-6-78
 JOB LOCATION 553 Becklee Dr.
 LOT 20 Vau Hyning 1st.
 (Subdivision or Legal Description)

ISSUED BY _____
 (Building Official)

OWNER _____ PHONE _____

ADDRESS _____

AGENT Becks Const. PHONE _____

ADDRESS _____

USE: Residential Commercial Industrial
 Other _____

WORK: New Addition Replacement Remodel

ESTIMATED COST = \$ 85,000.00

	Base	Plus	Total
<input checked="" type="checkbox"/> Building	\$ <u>9.00</u>	\$ _____	\$ <u>209.00</u>
<input type="checkbox"/> Electrical	\$ <u>151.00</u>	\$ <u>10.00</u> <u>75.00</u>	\$ <u>100.00</u>
<input checked="" type="checkbox"/> Plumbing	\$ <u>9.00</u>	\$ <u>30.00</u>	\$ <u>39.00</u>
<input checked="" type="checkbox"/> Mechanical	\$ <u>18.00</u>	\$ _____	\$ <u>18.00</u>
<input type="checkbox"/> Demolition	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Zoning	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Sign	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Water Tap	\$ <u>65</u>	\$ _____	\$ <u>655.00</u>
<input checked="" type="checkbox"/> Sewer Tap	\$ <u>136.00</u>	\$ <u>60.00</u>	\$ <u>196.00</u>
<input type="checkbox"/> Temp Water	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp Elec.	\$ _____	\$ _____	\$ _____

Additional Plan Review: Structure _____ Hours _____
 Electric _____ Hours _____

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

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard
<u>R-3</u>	<u>111</u>	<u>11259</u>			

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: Length _____ Width _____ Stories _____ Height _____
 Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: New Home

ELECTRICAL: Contractor _____ Phone _____

Address _____ ESTIMATED COST = \$ _____

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

Size of Service 200 Underground Overhead _____ Number of New Circuits 25

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 = 2 Bathtubs = 1 Showers = 1 Lavatories = 2 Kitchen Sinks = 1 Disposal = 1

Clothes Washer = 1 Floor Drains = _____ Dishwasher = 1 Other _____ Total = 10.1

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 _____ Date _____

ELECTRICAL: Contractor _____ Phone _____
Address _____ ESTIMATED COST = \$ _____
Type of Work: New () Service Change () Rewiring () Add'l Wiring TEMPORARY ELEC. REQUIRED - () Yes () No
Size of Service 200 Underground Overhead _____ Number of New Circuits 25

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 = _____

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Clothes Washer = 1 Floor Drains = _____ Dishwasher = 1 Other _____ Total = 10

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 _____

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Signature of Applicant _____ Date _____

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 98344

DATE ISSUED: 10-07-98

JOB LOCATION: 553 BECKLEE DR

OWNER: BECKS CONSTRUCTION

OWNER PHONE: 419-592-8307

CONTRACTOR: BECKS CONSTRUCTION CO

CONTRACTOR PHONE: 419-592-8307

WORK DESCRIPTION: NEW HOME

PLUMBING: UNDGR _____ RGHIN _____ FINAL 5-28-99

SEWER INSP 10-15-98

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

SERV UPGR _____

BUILDING: SITE 10-5 FTG 10-6 FNDDT _____

STRUC _____ ROOF _____ EXT _____

VENT _____ ACCES _____ EGRS _____

SMKDT _____ FINAL 5-28-99

ISSUE TEMP OCCUP _____ ISSUE OCCUP _____

STRG SHED: SITE _____ FINAL _____

SIGN: FTG _____ FINAL _____

FENCE: SITE _____ FINAL _____

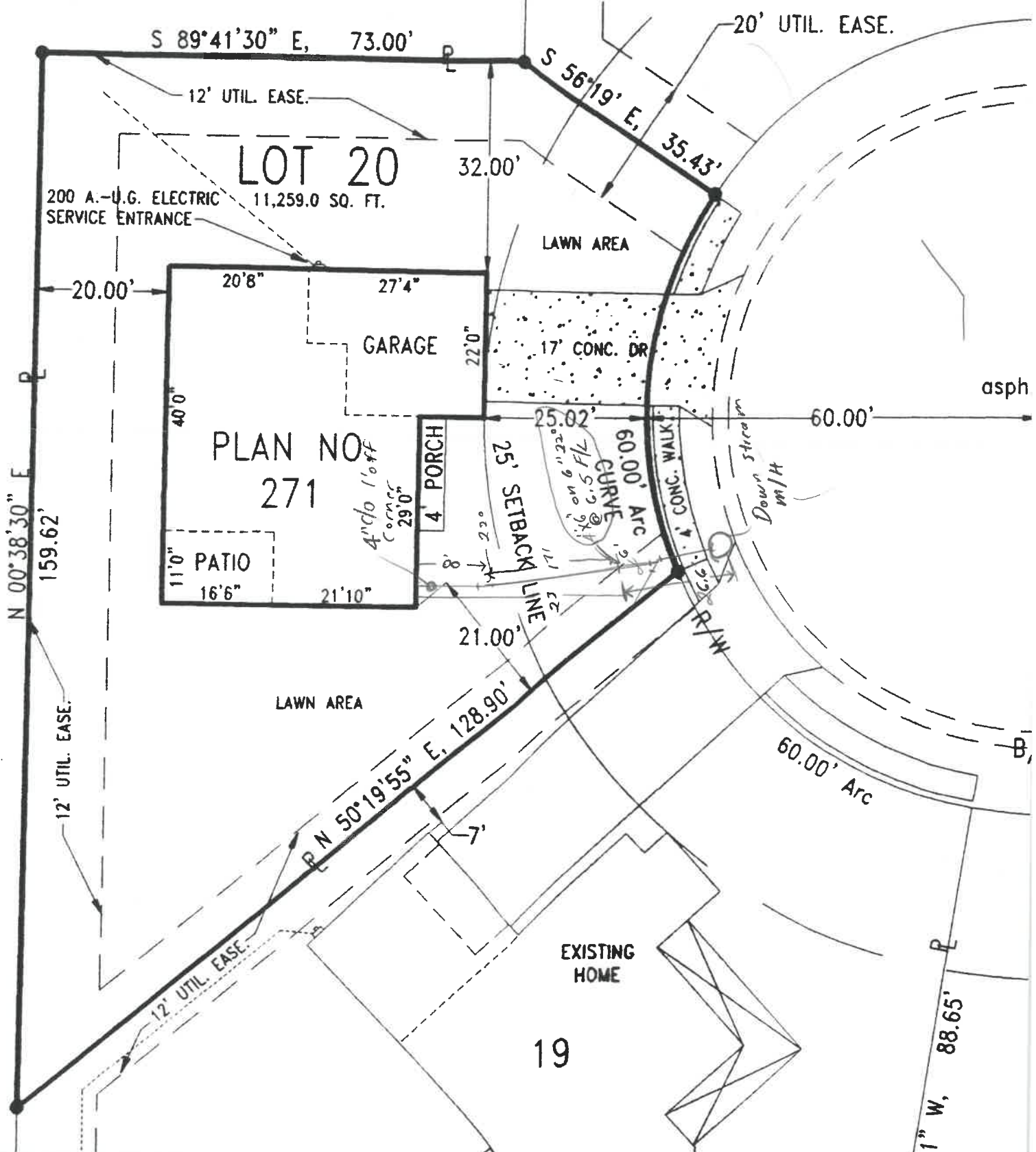
MISC INSP: _____

NOTES: _____

INSPECTOR INITIALS: _____

553
Becklee Dr.

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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 #: 98344

ISSUED: 10-07-98

JOB LOCATION: 553 BECKLEE DR

WORK DESCRIPTION: NEW HOME

OWNER: BECKS CONSTRUCTION

ADDRESS: 11622 CO RD M NAPOLEON, OH 43545

OWNER PHONE: 419-592-8307

CONTRACTOR: BECKS CONSTRUCTION CO

ADDRESS: 11-622 CO RD M NAPOLEON, OH 43545

CONTRACTOR PHONE: 419-592-8307

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:

WATER TAPPING PERMIT
 issued by
The Napoleon Water Distribution Department
 255 West Riverview Ave. Napoleon, Ohio 43545 Ph. 592-4010

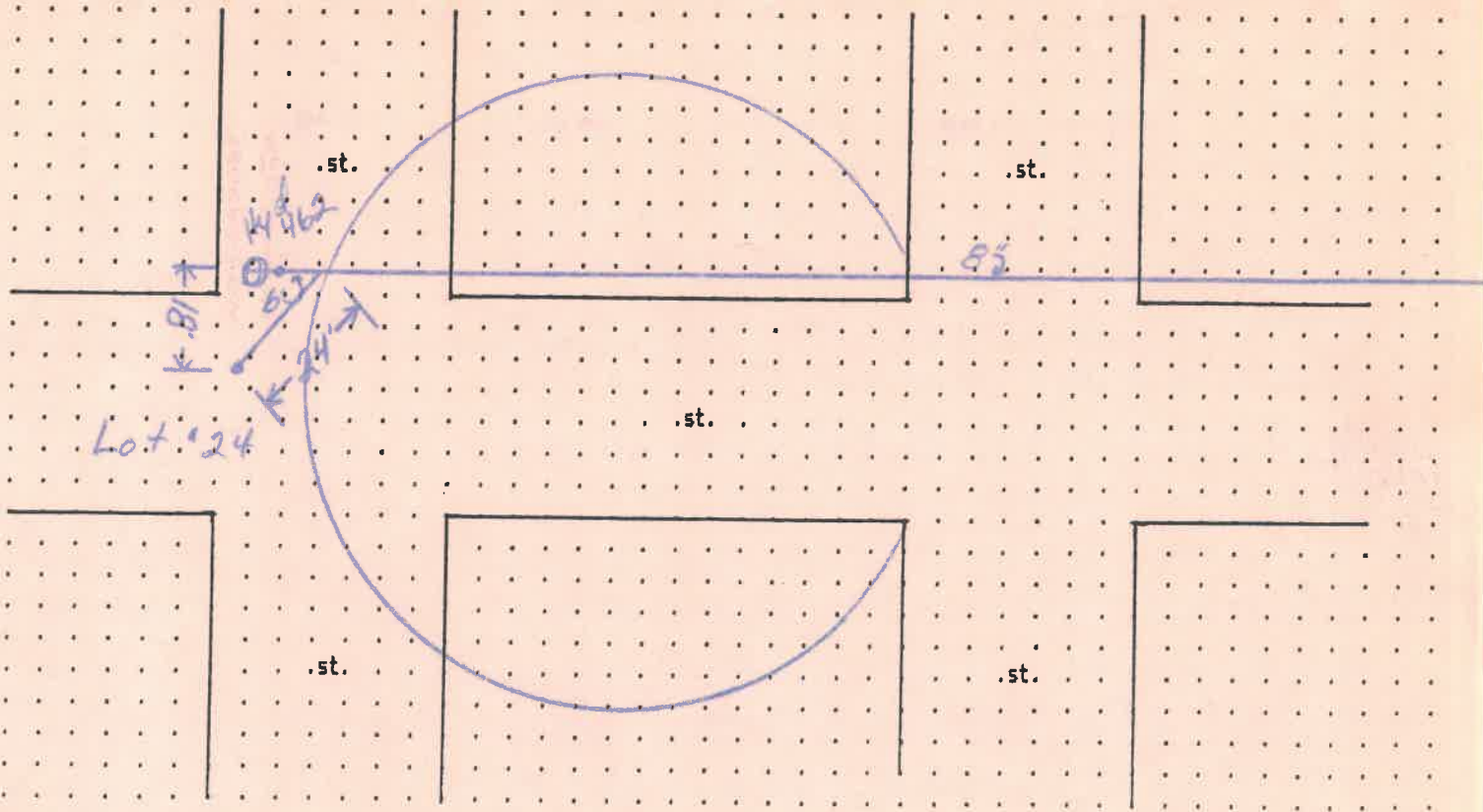
Permit No. W- 0243 Issued _____ Received of _____ (\$ _____) .00

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

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

Date completed _____ Approved by H. E. Mantel water distribution dept. _____ finance director

Name Lot #24 Size of tap 1" Date 5-13-96 Street and No. 569 Becklee
 Old Tap No. — New Tap No. 9631 Size and Kind of Main 8" C-900
 Location of Main center of cul de sac Depth of Main 5'
 Distance from Hydrant/Valve 6' East of Hyd 462 Distance to Curb Stop from Corp. 24'



WATER TAPPING PERMIT
 issued by
 The Napoleon Water Distribution Department
 255 West Riverview Ave. Napoleon, Ohio 43545 Ph. 592-4010

Permit No. W-0243 Issued _____ Received of _____ (\$ _____).00

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

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

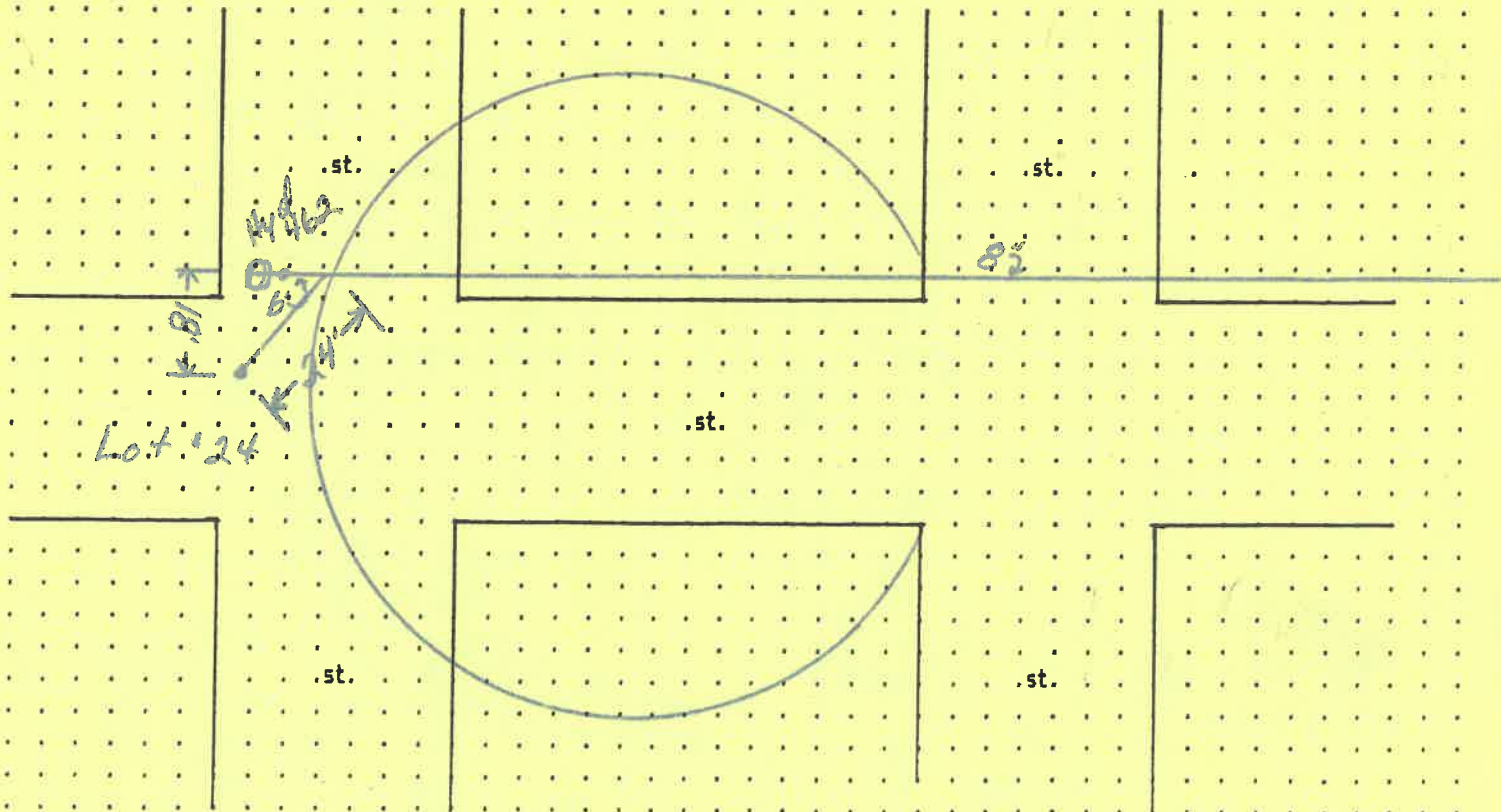
Date completed _____ Approved by W. E. Mantel water distribution dept. _____ finance director

Name Lot #24 Size of tap 1" Date 5-13-96 Street and No. 569 Becklee

Old Tap No. _____ New Tap No. 9631 Size and Kind of Main 8" C-900

Location of Main center of cul de sac Depth of Main 5'

Distance from Hydrant/Valve 6' East of Hyd 462 Distance to Curb Stop from Corp. 24'



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 #: 98344

ISSUED: 10-07-98

JOB LOCATION: 553 BECKLEE DR

OWNER: BECKS CONSTRUCTION

PHONE: 419-592-8307

ADDRESS: 11622 CO RD N NAPOLEON, OH 43545

CONTRACTOR: BECKS CONSTRUCTION CO

ADDRESS: 11-622 CO RD N NAPOLEON, OH 43545

PHONE: 419-592-8307

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" POLYETHYLENE TUBING
OF 1" MINIMUM SIZE.

BACKFLOW DEVICE REQUIRED YES NO _____

TYPE OF BACKFLOW DEVICE REQUIRED Double check valve assm.

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

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 #: 98344

ISSUED: 10-07-98

JOB LOCATION: 553 BECKLEE DR

OWNER: BECKS CONSTRUCTION

PHONE: 419-592-8307

ADDRESS: 11622 CO RD M NAPOLEON, OH 43545

CONTRACTOR: BECKS CONSTRUCTION CO

ADDRESS: 11-622 CO RD M NAPOLEON, OH 43545

PHONE: 419-592-8307

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 "GTS" POLYETHELENE TUBING
OF 1" MINIMUM SIZE.

BACKFLOW DEVICE REQUIRED YES NO _____

TYPE OF BACKFLOW DEVICE REQUIRED Double check valve assm.

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