

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: 97148

DATE ISSUED: 05-15-97

ISSUED BY: BND

JOB LOCATION: 559 BECKLEE DR

EST. COST: 80000.00

LOT #: 23

SUBDIVISION NAME: VANHYNING 1ST

OWNER: BECK, ROBERT
ADDRESS: 11-622 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-4 LOT DIM: 80X110 AREA: 8799 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

E - LGTH: 57 WIDTH: 44 STORIES: 1 LIVING AREA SF: 1443
GARAGE AREA SF: 494 HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION
NEW HOME

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		193.00
ELECTRICAL PERMIT		100.00
PLUMBING PERMIT		39.00
MECHANICAL PERMIT		22.00
WATER TAP PERMIT		665.00
SEWER PERMIT		166.00

TOTAL FEES DUE 1185.00

5/19/97

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 _____

JOB LOCATION 559 Bucklee Dr.

LOT 23 Van Auwing Estates 1st Add.
 (Subdivision or Legal Description)

ISSUED BY _____
 (Building Official)

OWNER Robert Beck PHONE 592-8307

ADDRESS 11-622 Co. Rd. M Nap

AGENT Becks Const. PHONE 592-8307

ADDRESS _____

USE: Residential Commercial Industrial
 Other _____

WORK: New Addition Replacement Remodel

ESTIMATED COST = \$ 80000.00

	Base	Plus	Total
<input checked="" type="checkbox"/> Building	\$ 9.00	\$ ^{36.80} 184.00	\$ 193.00
<input checked="" type="checkbox"/> Electrical	\$ 15.00	\$ ^{7-10.00} 75.00	\$ 90.00
<input checked="" type="checkbox"/> Plumbing	\$ 9.00	\$ 30.00	\$ 39.00
<input checked="" type="checkbox"/> Mechanical	\$ 18.00	\$ 4.00	\$ 22.00
<input type="checkbox"/> Demolition	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Zoning	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Sign	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Water Tap	\$ 650.00	\$ ^{T-5.00} 5.00	\$ 655.00
<input checked="" type="checkbox"/> Sewer Tap	\$ 50.00	\$ 106.00	\$ 156.00
<input type="checkbox"/> Temp Water	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp Elec.	\$ _____	\$ _____	\$ _____

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

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

ZONING INFORMATION

.202

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard
	<u>80x110</u>	<u>8799</u>			

Max Height	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required-Date

WORK INFORMATION

Building: Ground Floor Area 1443 sq. ft. Basement Floor Area _____ sq. ft.
 Garage Floor Area 494 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: _____

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 X 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 = 2 Showers = _____ Lavatories = 2 Kitchen Sinks = 1 Disposal = 1
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 _____

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 X Overhead _____ Number of New Circuits 25

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Address _____ ESTIMATED COST = \$ _____

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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

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Signature of Applicant _____ Date _____

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 97148

DATE ISSUED: 05-15-97

JOB LOCATION: 559 BECKLEE DR

OWNER: BECK, ROBERT

OWNER PHONE: 419-592-8307

CONTRACTOR: BECKS CONSTRUCTION CO

CONTRACTOR PHONE: 419-592-8307

WORK DESCRIPTION: NEW HOME

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

SERV UPGR _____

BUILDING: SITE 5-13-97 FTG 5-13-97 FNDDT _____

STRUC _____ ROOF _____ EXT _____

VENT _____ ACCES _____ EGRS _____

SMKDT _____ FINAL _____

ISSUE TEMP OCCUP _____ ISSUE OCCUP _____ ✓

STRG SHED: SITE _____ FINAL _____

SIGN: FTG _____ FINAL _____

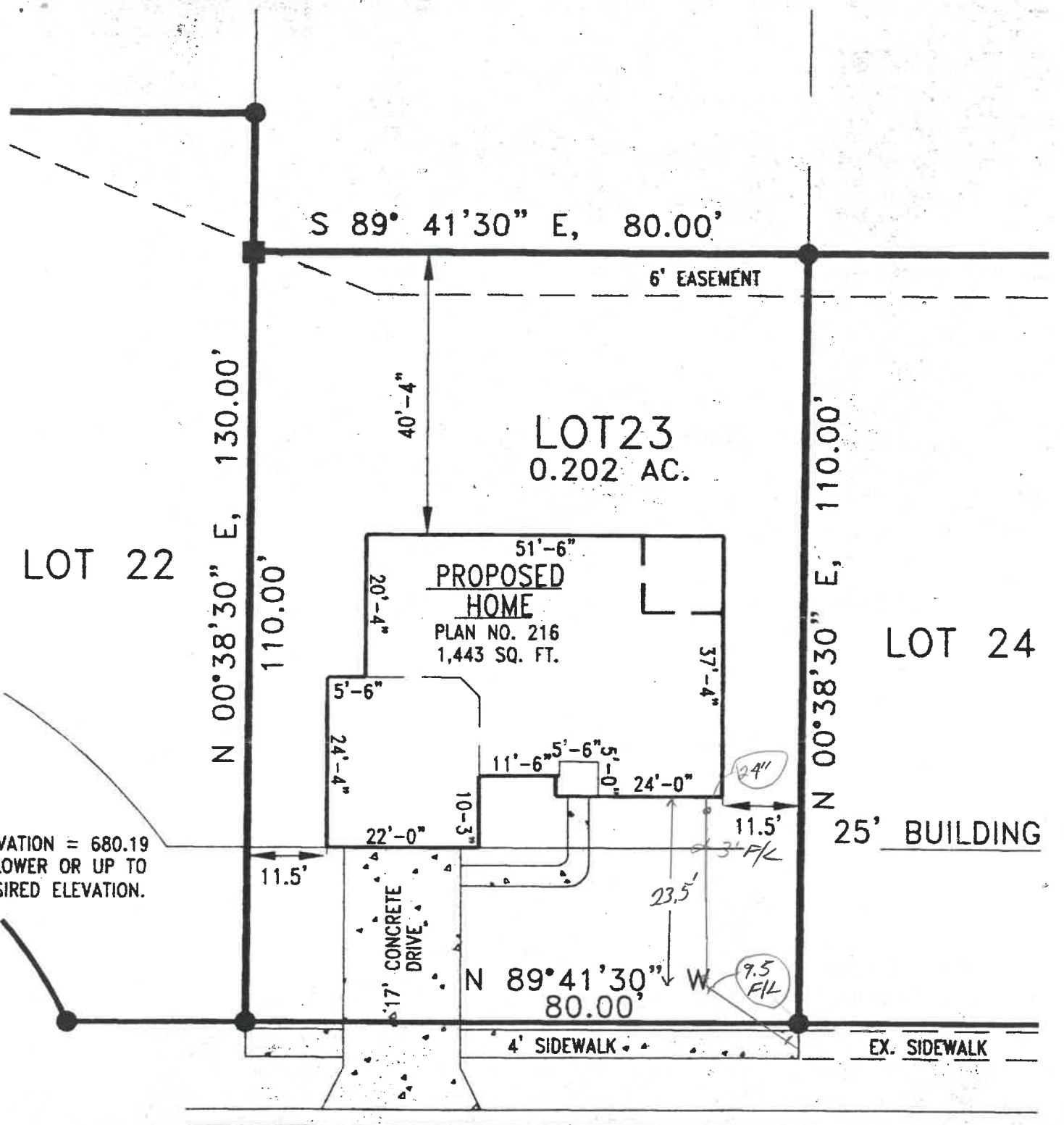
FENCE: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

INSPECTOR INITIALS: _____

R ELEVATION = 680.19
0.5' LOWER OR UP TO
IE DESIRED ELEVATION.



LOT 22

LOT 24

25' BUILDING LIN

BECKLEE DRIVE ~ 50' R/W

No. 483

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 559 Beechlee Drive Occupancy Single Family
Owner of Property Beecher Construction Co. Address 11622 Co. Rd. W. Napoleon
Issued to Same Address
Zoning R-4 Multi-Family Bldg. Permit No. 97148
Substantial qualifications of occupancy City Code Compliant
.....
.....

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 17th day of August 1998 Signed [Signature]
This is a valuable record for owner or lessee and should be so preserved. City Building Inspector

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

Permit No. W- 0253 Issued _____ Received of _____ (\$ _____) .00

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

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

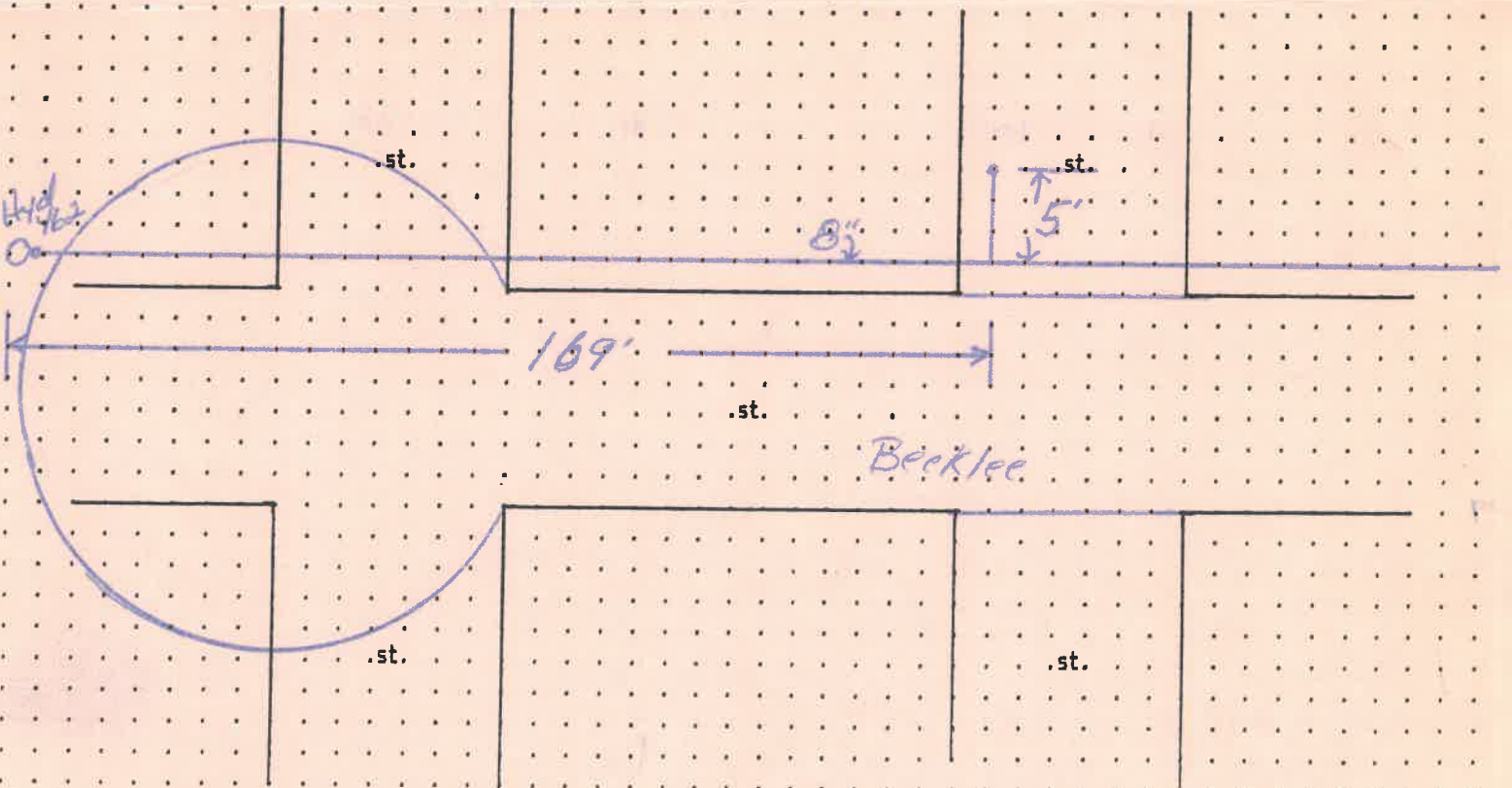
Date completed _____ Approved by Allyson E. Mantigh water distribution dept. _____ finance director

Name Lot #19 Size of tap 1" Date 5-14-96 Street and No. 575 Becklee

Old Tap No. — New Tap No. 9640 Size and Kind of Main 8" C-900

Location of Main 8" North of North curb Depth of Main 5'

Distance from Hydrant/Valve 169' East of Hyd 462 Distance to Curb Stop from Corp. 5'



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

Permit No. W-0253 Issued _____ Received of _____ (\$ _____) .00

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

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

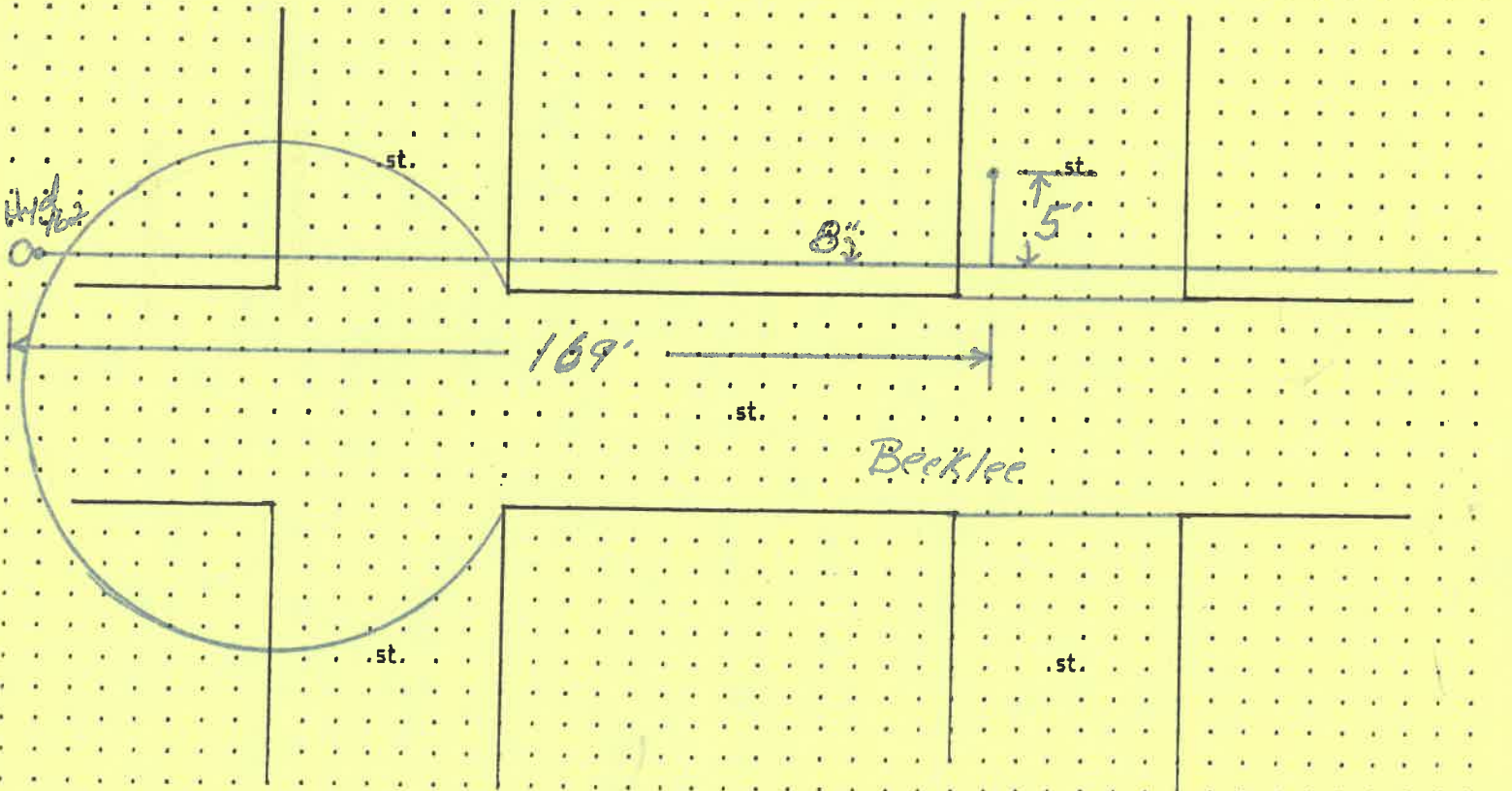
Date completed _____ Approved by Jeffrey C. Mantigh water distribution dept. _____ finance director

Name Lot #19 Size of tap 1" Date 5-14-96 Street and No. 575 Becklee

Old Tap No. — New Tap No. 9640 Size and Kind of Main 8" C-900

Location of Main 8" North of North curb Depth of Main 5'

Distance from Hydrant/Valve 169' East of Hyd 462 Distance to Curb Stop from Corp. 5'



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 #: 97148

ISSUED: 05-15-97

JOB LOCATION: 559 BECKLEE DR

OWNER: BECK, ROBERT

PHONE: 419-592-8307

ADDRESS: 11-622 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 "CTS" POLYETHELENE TUBING
OF 1" MINIMUM SIZE.

BACKFLOW DEVICE REQUIRED YES _____ NO

TYPE OF BACKFLOW DEVICE REQUIRED _____

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

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 #: 97148

ISSUED:05-15-97

JOB LOCATION: 559 BECKLEE DR

OWNER: BECK, ROBERT

ADDRESS: 11-622 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 _____

DESIRED VOLTAGE 120/240

UNDERGROUND SERVICE X OVERHEAD SERVICE _____

=====

DATE COMPLETED: _____ APPROVED BY: _____

OLD METER NUMBER: _____ NEW METER NUMBER: _____

COMMENTS:

1-Copy Bldg Dept. 2-Copies Electric Dept. 1-Completed Copy to Utilities

