

1 Napoleon
W. Riverview
Napoleon, OH 43545

PERMIT

Division of Building and Zoning
PH (419) 592-4010
FAX (419) 599-8393

Permit No: 002001

Date Issued: 01-06-04

Issued by: BND

Job Location: 465 CAMBRIDGE ST

Est. Cost: 100000.00

Lot#: 30

Subdivision Name: PICKETT FENCES

Owner: LANKENAU, JEFF
Address: 315 BRIARCLIFF DR
CSZ: NAPOLEON, OH 43545
Phone:

Agent: BECKS CONSTRUCTION C
Address: 11-622 CO RD M
CSZ: NAPOLEON, OH 43545
Phone: 419-592-8307

Use Type - Residential:

Other:

ZONING INFORMATION

Dist: R-3 Lot Dim: 100X107
Max HT: 45 # Pkg Spaces: 2 Area: 10387 Fyrd: 25
Loading SP: Syrd: 7 Ryrd: 15
Max Lot Cov: 40%

BOARD OF ZONING APPEALS:

Work Type - New: X Replmnt: Addn'n: Alter: Remodel:

WORK INFORMATION

Size - Lgth: 33 Width: 67
Garage Area SF: 611 Height: 22 Stories: 1
Bldg Vol Demo Permit: Living Area SF: 1379

WORK DESCRIPTION NEW HOME

- FEE DESCRIPTION
- BUILDING PERMIT
- SEWER PERMIT
- WATER TAP PERMIT
- PLUMBING PERMIT
- ELECTRICAL PERMIT
- MECHANICAL PERMIT

PAID DATE

FEE AMOUNT DUE

- 237.00
- 186.00
- 203.00
- 43.00
- 110.00
- 20.00



Total Fees Due 799.00

Date

Applicant Signature

NEW HOME AND ADDITION PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTIAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMOLITION, REMODELING.

DATE 1-6-04 JOB LOCATION 465 Cambridge St.
LOT # 30 SUBDIVISION NAME Pickett Fences
OWNER Jeff Lankenau PHONE _____
OWNER ADDRESS 315 Briarcliff Dr. CITY Napoleon ZIP 43545
CONTRACTOR - Beck's Construction PHONE _____
CONTRACTOR ADDRESS _____ CITY _____ ZIP _____
CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____
DESCRIPTION OF WORK TO BE PERFORMED: New Home
ESTIMATED COST OF WORK TO BE PERFORMED: 100,000

WORK INFORMATION

BUILDING: Basement Floor Area _____ Sq. Ft. 1st Story Living Area 1379 Sq. Ft.
2nd Floor Living Area _____ Sq. Ft. Garage Floor Area 611 Sq. Ft.
BUILDING SIZE: Length 33 Width 67 Stories 1 Height 22' DEMO VOL _____

Masonry Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____
Electrical Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____
Plumbing Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____
Heating Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____
Insulation Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Other Contractor attach information.

ZONING INFORMATION (to be completed by City) : District R-3 Lot Dimensions 100 X 107
Lot Area 10,387 FRSB 25 SYSB 7 RYSB 15 Max Ht 45 ft Max Cov 40 %

I by signing below agree to comply with all applicable City of Napoleon Codes & Ordinances while performing the work herein described. I understand that all work for which a permit is issued is required to be approved by the building inspector of the City of Napoleon.

Applicant Signature _____ Date _____

New Home Permit

Electrical:

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

Plumbing:

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 _____

Main Building Drain Size _____ Main Vent Pipe Size _____

List Number of Plumbing Fixtures Below
Water Closets 2 Bathtubs 2 Showers _____ Lavatories 3 Kitchen Sinks 1 Disposal 1
Clothes Washer 1 Floor Drains _____ Dishwasher 1 Laundry Sink _____ Other _____
Total 11

Mechanical:

Heating Systems
() 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 1 Number of Hot Air Runs 10

Number of Hot Water Radiators _____ Total Heat Loss _____ Rated Capacity of Furnace/Boiler _____

Location of Equipment - () Crawl Space () Floor Level () Attic () Suspended () Roof () Outside

City of Napoleon Inspection Form

Betty Etter

Permit #002001

Date Issued: 01-06-2004

Job Location: 465 CAMBRIDGE ST

Owner: LANKENAU, JEFF

Owner Phone:

Contractor: BECKS CONSTRUCTION CO

Contractor Phone: 419-592-8307

Work Description: NEW HOME

Plumbing: UNDGR _____ RGHIN 3-18 2-20 FINAL 4-30

SEWER INSP 12-30-03 mark

Mechanical: UNDGR _____ RGHIN 2-20 FINAL 4-30

FURNACE REPLAC _____ AIR COND _____

Electrical: UNDGR _____ RGHIN 3-18 FINAL _____

SEVR UPGR _____

Building: Site _____ FTG 12-22-03 Joe FNDT 2-20

STRU 2-20 ROOF 4-30 EXT 4-30

VENT 4-30 ACCES 4-30 EGRS 4-30

SMKDT 4-30 FINAL 4-30

ISSUE TEMP OCCUP _____ ISSUE OCCUP X

STGE Shed: SITE _____ FINAL _____

Sign: FTG _____ FINAL _____

Fence: SITE _____ FINAL _____

MISC INSP: Sidewalks - 5-17-04 Sidewalks 6-18-04

NOTES: _____

INSPECTORS INITIALS: RLM

5/8" w/m
Send copy to Resident + Beck's Const.

Certificate No: 1020

CERTIFICATE OF OCCUPANCY
THE CITY OF NAPOLEON

ENGINEERING DEPARTMENT
DIVISION OF INSPECTION

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

Location of Occupancy: 465 CAMBRIDGE ST

Occupancy: SF

Owner of Property: ETTER, BETTY

Address: 465 CAMBRIDGE ST

Issued to: ETTER, BETTY

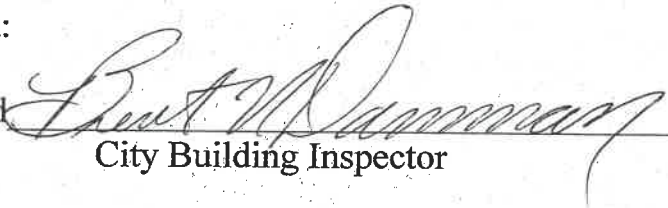
Zoning: R-3

Substantial qualifications of occupancy

This certificate is issued by the City Building Inspector, as completed substantially in conformity with the approved plans and permission is herby 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:

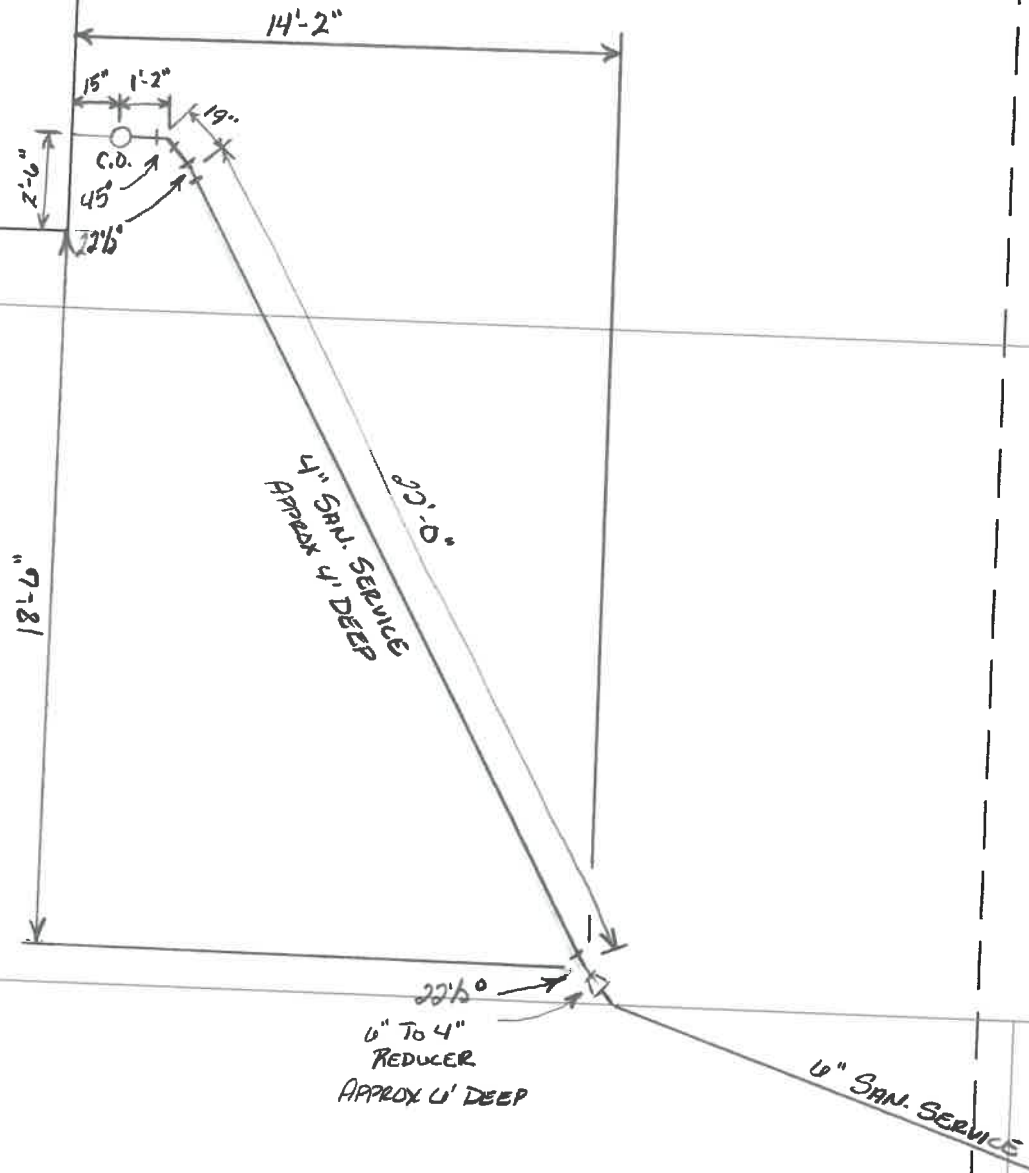
Signed



City Building Inspector

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

CLEAN OUT IS A WYE FITTING
AND APPROX 2.5' DEEP



City Of Napoleon
Engineering Department
P.O. Box 151/255 W. Riverview Ave.
Napoleon, Ohio 43545
Phone: (419) 592-4010
Fax: (419) 599-8393

465 Cambridge St.
Sanitary Service
Detail

Date: 12/30/03
Drawn By: M.B.S.
Approved By: J.R.K.
Scale: N.T.S.

Sheet ___ Of ___